


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90094 040 \*\*\*\*61.25

<b>DOCUMENT # 718211</b>		
1. Entity Name <b>MELALEUCA GARDENS CONDOMINIUM, INC.</b>		

Principal Place of Business <b>7100 W COMMERCIAL BLVD SUITE 107 LAUDERHILL, FL 33319 US</b>	Mailing Address <b>7100 W COMMERCIAL BLVD SUITE 107 LAUDERHILL, FL 33319 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02092007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-1372747</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**AMBASSADOR COMMUNITY MANAGEMENT, INC.**  
**7100 W. COMMERCIAL BLVD**  
**SUITE 107**  
**LAUDERHILL, FL 33319**

**7. Name and Address of New Registered Agent.**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>TESSIER, JEAN GUY</b> <b>5141 W. OAKLAND PARK BLVD</b> <b>LAUDERDALE LAKES, FL 33313</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>VAN NESS, JEAN</b> <b>5141 W. OAKLAND PAK BLVD #211</b> <b>LAUDERDALE LAKES, FL 33313</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GAGNON, RONALD</b> <b>5141 W OAKLAND PARK BLVD., #206</b> <b>LAUDERDALE LAKES, FL 33313</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HEBERT, RICHARD</b> <b>5141 W OAKLAND PARK BLVD</b> <b>LAUDERDALE LAKES, FL 33313</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SEGUIN, MARK</b> <b>5141 W. OAKLAND PARK BLVD #307</b> <b>FORT LAUDERDALE, FL 33313</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** *John Van Ness* *V. President* *4/4/2007* *954-241-8844*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #