

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718228

1. Corporation Name

PETUNIA GARDENS CONDOMINIUM, INC.

Principal Place of Business

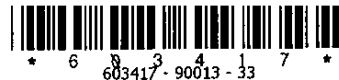
% G. SCHWARTZ
5171 W. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33313

Mailing Address

% G. SCHWARTZ
5171 W. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33313

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90013 033 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 MLM PROPERTY MGMT CORP.

Suite, Apt. #, etc.

27 1231 SUSSEX DR.

City & State

28 N. LAUDERDALE, FLA.

Zip

29 33068

Country

30 USA

3. Date Incorporated or Qualified

03/17/1970

4. FEI Number

59-1372607

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LAMERE, FRANK
5171 W. OAKLAND PK. BLVD.
LAUDERDALE LAKES FL 33313

10. Name and Address of New Registered Agent

81 Name

MLM Property Mgmt Corp. MKE Solomon

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

1231 SUSSEX DR.

83

N. LAUDERDALE FLA.

84 City

N. LAUDERDALE

FL

85 Zip Code

33068

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Michael A. Solomon President MLM Property Mgmt Corp. 7/20/99

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD LEVENSON, DAVE
5171 W. OAKLAND PARK
FT. LAUDERDALE FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S TATE, GAIL
5171 W. OAKLAND PK. BLVD.
FT. LAUDERDALE FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D NEPVEN, ANDRE
5171 W. OAKLAND PARK BLVD.
FT. LAUDERDALE FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD LAMERE, FRANK
5171 W. OAKLAND DRIVE
LAUDERDALE LAKES FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP D FASSHER, MARY
5177 W. OAKLAND PARK BLVD
LAUDERDALE LAKES FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D BLIN, SYLVIA
5171 W. OAKLAND PARK BLVD.
FT. LAUDERDALE FL

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD LEVENSON, DAVID

5171 W. OAKLAND PARK BLVD. #303
LAUDERDALE LAKES, FLA. 33313

D TATE, GAIL

5171 W. OAKLAND PARK BLVD #305
LAUDERDALE LAKES, FLA 33313

VP D NEPVEN, Andre

5171 W. OAKLAND PARK BLVD #310
LAUDERDALE LAKES, FLA. 33313

PD LAMERE, FRANK

5171 W. OAKLAND DRIVE
LAUDERDALE LAKES, FLA. 33313

VP D FASSHER, MARY

5177 W. OAKLAND PARK BLVD #101
LAUDERDALE LAKES, FLA. 33313

D BLIN, SYLVIA

5171 W. OAKLAND PARK BLVD. #308
LAUDERDALE LAKES, FLA. 33313

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID LEVENSON 07/21/99

CR2E037 (5/99)