


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90064 039 ****61.25

DOCUMENT # 720890 1. Entity Name YUCCA GARDENS CONDOMINIUM, INC.					
Principal Place of Business 7100 W COMMERCIAL BLVD. STE. 107 LAUDERDALE LAKES, FL 33319			Mailing Address 7100 WEST COMMERCIAL BLVD SUITE 107 LAUDERHILL, FL 33319		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lauderhill		City & State		4. FEI Number 59-1446310	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AMBASSADOR COMM MGMT INC 7100 W COMMERCIAL BLVD. STE. 107 TAMARAC, FL 33321				Name Street Address (P.O. Box Number is Not Acceptable) City Lauderhill	
				FL Zip Code 33319	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTIN, MICHAEL		NAME		
STREET ADDRESS	3430 NW 52ND AVE #108		STREET ADDRESS	Lauderdale Lakes	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	ZVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, MAVIS		NAME		
STREET ADDRESS	3430 NW 52ND AVE.		STREET ADDRESS	Lauderdale Lakes	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONTAINE, JAKUES		NAME	Jacques Fontaine	
STREET ADDRESS	3430 NW 52ND AVE #306		STREET ADDRESS	Lauderdale Lakes	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Hamilton, Hyacinth	
STREET ADDRESS			STREET ADDRESS	3430 NW 52nd Ave., #202	
CITY-ST-ZIP			CITY-ST-ZIP	Lauderdale Lakes, FL 33319	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Jacques Fontaine</u> JACQUES FONTAINE <u>Feb 28/07</u> <u>954-741-5811</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					