

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:18

DOCUMENT # 726043 (3)
1. Corporation Name
WALNUT GARDENS CONDOMINIUM INC

Principal Place of Business Mailing Address
4701 N.W. 34TH STREET 4701 N.W. 34TH STREET
LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/07/1973 3a. Date of Last Report 02/17/1994
4. FEI Number 59-1584288 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Same as 26 Same as
22 Suite, Apt. #, etc. Suite, Apt. #, etc.
23 City & State above 27 City & State above
24 Zip Country 28 Zip Country
25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
GREENBLATT, AL
4700 N-W 35 STREET
LAUDERDALE LAKES, FLORIDA
33319

10. Name and Address of New Registered Agent
81 Name SHUVA D DELFIN
82 Street Address (P.O. Box Number is Not Acceptable) 4700 N-W 35 ST
83 LAUDERDALE LAKES, FLORIDA
84 City FL 85 Zip Code 33319

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Samuel Deffin* 3/7/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	GREENBLATT, AL
STREET ADDRESS	4700 NW 35TH ST
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000
TITLE	PD
NAME	KRIHICK, ROBERT
STREET ADDRESS	4700 NW 35TH ST
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000
TITLE	VD
NAME	DELFIN, SAM
STREET ADDRESS	4700 N.W. 35TH STREET
CITY-ST-ZIP	LAUDERDALE LAKES FL
TITLE	VD
NAME	GOLDBERG, ED
STREET ADDRESS	4700 N.W. 35TH STREET
CITY-ST-ZIP	LAUDERDALE LAKES FL
TITLE	SD
NAME	ALPER, HELEN
STREET ADDRESS	4700 N.W. 35TH STREET
CITY-ST-ZIP	LAUDERDALE LAKES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHUVA DELEFIN
1.3 STREET ADDRESS	4700 N-W 35 ST
1.4 CITY-ST-ZIP	LAUDERDALE LAKES, FLORIDA 33319
2.1 TITLE	1ST VICE PRES VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FLORENCE JOHNSON
2.3 STREET ADDRESS	4700 NW 35 ST
2.4 CITY-ST-ZIP	LAUDERDALE LAKES, FLORIDA 33319
3.1 TITLE	2ND VICE PRES VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EDWARD GOLDBERG
3.3 STREET ADDRESS	4700 N.W. 35 ST
3.4 CITY-ST-ZIP	LAUDERDALE LAKES, FLORIDA 33319
4.1 TITLE	TREASURER TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BILBA WAGNER
4.3 STREET ADDRESS	4700 N.W. 35 ST
4.4 CITY-ST-ZIP	LAUDERDALE LAKES, FLORIDA 33319
5.1 TITLE	SECRETARY SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HELEN ALPER
5.3 STREET ADDRESS	4700 N.W. 35 ST
5.4 CITY-ST-ZIP	LAUDERDALE LAKES, FLORIDA 33319
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sam Deffin* 3/7/95 455-3699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone / Facsimile #