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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

726043

(3)

WALNUT GARDENS CONDOMINIUM INC

Principal Place	e of Business	Mailing Address		· · · ·	T HOUSE SERIE FREID BRIND DE SEI DUID	O HILL DIBLI BIBLI BIBLI DI DI	E E E E E E E E E E E E E E E E E E E
			4701 N.W. 34TH STREET LAUDERDALE LAKES FL 33319-5419			·	
					3. Date Incorporated or Qualified 04/07/1973	3a. Date of Last 03/04/1	
2. Principal Pi	lace of Business	2a. Mailing Address 26			4. FEI Number 59-1584288	·	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State	е	City & State			Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country 25	Zip 29	Countr	У	8. This corporation has liability for		
	9. Name and Address of Currer				10. Name and Address of New R	egletered Agent	
			81	Name			
DELFIN, SAMUEL 4700 N W 35 STREET			6:	82 Street Address (P.O. Box Number is Not Acceptable)			
LAUDERDALE LAKES, FLORIDA			8:	3			
33319			84	i City		las 17	p Code
						FLII	
11. Pursuant to office or re agent. Lai	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblig.	2 and 617.1508, Florida Stat of Florida. Such change wa ations of Section 617.0503.	lutes, the abors s authorized to Florida Statute	ve-named by the cor	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of changing opt the appointment in	its registered as registered
SIGNATURE			, lorrou piaran				•
OIOINTOIL .	Signature, typed or printed name of registered age			gent signature	required when reinstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFI		
TITLE	SD LACOBOON FLODENCE	☐ DELETE	1.1 TITLE			L. Change	a i i buulinuu
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14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME AS SIGNING OFFICER OR DIRECTOR

3/3/197

Daytime Phone # 0035093

FILED

Apr 04 1997 8:00am

Secretary of State