

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



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

3. Date Incorporated or Qualified 04/07/1973	
4. FEI Number 59-1584288	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DELFIN, SAMUEL
4700 N W 35 STREET
LAUDERDALE LAKES, FLORIDA
33319**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSON, FLORENCE	1.2 NAME	
STREET ADDRESS	4700 NW 35TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, HILDA	2.2 NAME	
STREET ADDRESS	4700 NW 35TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELFIN, SAM	3.2 NAME	
STREET ADDRESS	4700 N.W. 35TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, ED	4.2 NAME	
STREET ADDRESS	4700 N.W. 35TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIROUX-JEAN, GUY	5.2 NAME	
STREET ADDRESS	4700 NW 35 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSON, FLORENCE	1.2 NAME	
STREET ADDRESS	4700 NW 35TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, HILDA	2.2 NAME	
STREET ADDRESS	4700 NW 35TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELFIN, SAM	3.2 NAME	
STREET ADDRESS	4700 N.W. 35TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, ED	4.2 NAME	
STREET ADDRESS	4700 N.W. 35TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIROUX-JEAN, GUY	5.2 NAME	
STREET ADDRESS	4700 NW 35 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Edwin Goldberg* 11/12/98 486-1593

CR2E037 (10/97)