


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90005 047 \*\*\*\*61.25

0038310

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 726043</b>					
1. Corporation Name <b>WALNUT GARDENS CONDOMINIUM INC</b>					
Principal Place of Business 4701 N.W. 34TH STREET LAUDERDALE LAKES FL 33319			Mailing Address 4701 N.W. 34TH STREET LAUDERDALE LAKES FL 33319		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/07/1973	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1584288	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DELFIN, SAMUEL 4700 N W 35 STREET LAUDERDALE LAKES, FLORIDA 33319				81 Name <b>REJEAN LAPRISE</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4700 NW 35TH ST WW606</b> 83 <b>LAUDERDALE LAKES</b> 84 City <b>FL</b> 85 Zip Code <b>33319</b>			

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]* (NOTE: Registered Agent signature required when reinstating) DATE **02/10/99**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input type="checkbox"/> DELETE		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	<input type="checkbox"/> DELETE		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	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input checked="" 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	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input checked="" 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	<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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)(l), 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]* SIGNATURE REQUIRED: *[Signature]* DATE: **02/10/99** DAYTIME PHONE: **486-9362**

CR2E037 (11/98)