

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 726043**

1. Entity Name

**WALNUT GARDENS CONDOMINIUM INC**

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90040 010 \*\*\*\*61.25

Principal Place of Business 4701 N.W. 34TH STREET LAUDERDALE LAKES FL 33319	Mailing Address 4701 N.W. 34TH STREET LAUDERDALE LAKES FL 33319-5419
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-1584288</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**LAPRISE, REJEAN**  
**4700 N W 35 STREET**  
**LAUDERDALE LAKES FL 33319**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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.

SIGNATURE REJEAN LAPRISE *Rejean Laprise* 01/05/2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>JACOBSON, FLORENCE</b> <b>4700 NW 35TH ST</b> <b>LAUDERDALE LAKES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>WAGNER, HILDA</b> <b>4700 NW 35TH ST</b> <b>LAUDERDALE LAKES FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LAPRISE, REJEAN</b> <b>4700 NW 35TH ST WW606</b> <b>LAUDERDALE LAKES FL 33319</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BRUNET, RICHARD</b> <b>4700 NW 35TH ST WW416</b> <b>LAUDERDALE LAKES FL 33319</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GIROUX-JEAN, GUY</b> <b>4700 NW 35 STREET</b> <b>LAUDERDALE LAKES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ROZ SHAPPAS</b> <b>4700 NW 35 ST.</b> <b>LAUD. LAKES FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: REJEAN LAPRISE *Rejean Laprise* 01/05/2000 (954) 484-5775  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (9/99)