


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90033 017 ****61.25

DOCUMENT # 726043 1. Entity Name WALNUT GARDENS CONDOMINIUM INC					
Principal Place of Business 4701 N.W. 34TH STREET LAUDERDALE LAKES, FL 33319			Mailing Address 7100 WEST COMMERCIAL BLVD SUITE 107 LAUDERHILL, FL 33319		
2. Principal Place of Business <i>7100 W. Commercial Blvd</i> Suite, Apt. #, etc. <i>107</i> City & State <i>Lauderhill FL</i> Zip <i>33319</i>			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-1584288			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent AMBASSADOR COMMUNITY MGMT. 8051 W. MCNAB ROAD TAMARAC, FL 33319			7. Name and Address of New Registered Agent Name <i>AMBASSADOR COMMUNITY MANAGEMENT</i> Street Address (P.O. Box Number is Not Acceptable) <i>7100 W. COMMERCIAL BLVD</i> Suite <i>SUITE 107</i> City <i>LAUDERHILL</i>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JACOBSON, FLORENCE 4700 NW 35TH ST LAUDERDALE LAKES, FL 33319	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BEHAR, BELLE 4700 NW 35TH ST LAUDERDALE LAKES, FL 33319	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROY, DORIS 4700 NW 35TH STREET LAUDERDALE LAKES, FL 33319	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD EMOND, NORMAND 4700 NW 35TH ST WW416 LAUDERDALE LAKES, FL 33319	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BRUNET, RICHARD 4700 NW 35 STREET LAUDERDALE LAKES, FL 33319	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KRINICK, LEE 4700 NW 35 ST LAUDERDALE LAKES, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FABERMAN, ROZ 4700 NW 35 ST LAUDERDALE LAKES, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <i>4 MARCH 2004</i> Daytime Phone #					

54015384



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