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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758133

1. Corporation Name
TAMARAC GARDENS CONDOMINIUM NO. 1 ASSOCIATION, I NC.

Principal Place of Business C/O CASTLE GROUP P.O. BOX 189013 PLANTATION FL 33318 US	Mailing Address C/O CASTLE GROUP P.O. BOX 189013 PLANTATION FL 33318 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 11/19/1981	4. FEI Number 59-2147819 Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

~~SUMMITT PROPERTY MANAGEMENT, INC.~~
 4450 W SUNRISE BLVD
 STE 100 C
 PLANTATION FL 33318

10. Name and Address of New Registered Agent

81 Name **Castle Property Svc. Group Inc.**
 82 Street Address (P.O. Box Number Not Acceptable)
 83
 84 City **FL** 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 *[Signature]* **Gami H. Sargunette Vice President - Admin. 1/5/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BOLOGNO, LOUIS	
STREET ADDRESS	9925 NW 68TH PL., #202	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	D'ANGELO, LUCILLE	
STREET ADDRESS	9925 NW 68TH PL. #201	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHECTER, ISABELLE	
STREET ADDRESS	9925 NW 68 PL #102	
CITY-ST-ZIP	TAMARAC FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUSH, ROBERT	
STREET ADDRESS	9925 NW 68TH PL #110	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GOLDBERG, JEROME	
STREET ADDRESS	9925 NW 68TH PL #206	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Haber, Elaine	
1.3 STREET ADDRESS	9925 NW 68th Pl #101	
1.4 CITY-ST-ZIP	TAMARAC, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Costa, Marjorie	
5.3 STREET ADDRESS	9925 NW 68th Pl #105	
5.4 CITY-ST-ZIP	TAMARAC, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: *[Signature]* **ROBERT BUSH, Pres. 1/12/99 (954) 792-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)