

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90008 045 ****61.25

DOCUMENT # 758133

1. Entity Name

TAMARAC GARDENS CONDOMINIUM NO. 1 ASSOCIATION, I

Principal Place of Business

Mailing Address

C/O CASTLE GROUP
 P.O. BOX 189013
 PLANTATION FL 33318
 US

C/O CASTLE GROUP
 P.O. BOX 189013
 PLANTATION FL 33318-9013
 US

00019200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2147819

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CASTLE PROPERTY SVC GROUP INC~~
4450 W SUNRISE BLVD
STE 100 C
PLANTATION FL 33318

Name

Castle Management, Inc.

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

Gail H. Sangunett

Gail H. Sangunett, Vice President

1/28/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **TD**
 STREET ADDRESS **HABER, ELAINE**
 CITY-ST-ZIP **9925 NW 68TH PL 101**
TAMARAC FL

TITLE Change Addition

TITLE Delete
 NAME **VD**
 STREET ADDRESS **D'ANGELO, LUCILLE**
 CITY-ST-ZIP **9925 NW 68TH PL #201**
TAMARAC FL 33321

TITLE Change Addition

TITLE Delete
 NAME **SD**
 STREET ADDRESS **SCHECTER, ISABELLE**
 CITY-ST-ZIP **9925 NW 68 PL #102**
TAMARAC FL

TITLE Change Addition

TITLE Delete
 NAME **PD**
 STREET ADDRESS **BUSH, ROBERT**
 CITY-ST-ZIP **9925 NW 68TH PL #110**
TAMARAC FL

TITLE Change Addition

TITLE Delete
 NAME **D**
 STREET ADDRESS **COSTA, MARJONE**
 CITY-ST-ZIP **9925 NW 68TH PL 105**
TAMARAC FL

TITLE Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Lucille D'Angelo

Lucille D'Angelo, President 1/28/00 (954) 792-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #