

Tamarac Gardens

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 06, 2005 8:00 am Secretary of State

05-06-2005 90098 035 ****61.25

DOCUMENT # 758133
1. Entity Name: TAMARAC GARDENS CONDOMINIUM NO. 1 ASSOCIATION, INC.
Principal Place of Business: 9835 NW 68TH PL. TAMARAC, FL 33321 US
Mailing Address: C/O CASTLE GROUP P.O. BOX 189013 PLANTATION, FL 33318 US
2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: C/O CASTLE GROUP Suite, Apt. #, etc. P.O. BOX 559009
City & State: FT. LAUDERDALE, FL
4. FEI Number: 59-2147819
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent: THE LAW OFFICES OF KATZMAN & KORR, P.A. 1501 NW 49TH ST. STE. 202 FORT LAUDERDALE, FL 33309
7. Name and Address of New Registered Agent: Name, Street Address, City, 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: [Signature] DATE:
9. Election Campaign Financing: \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS: VD TODARD, JOSEPHINE; SD PETERS, EVELYN; PD SCHECTER, ISABELLE; TD BUSH, ANN; D DUPLAA, CARLOS
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10: SD COMNOS, RACHEL
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.



03082005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2147819 Applied For Not Applicable

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SIGNATURE: [Signature] DATE:

9. Election Campaign Financing \$5.00 May Be Added to Fees Make check payable to Florida Department of State

Table with 2 columns: 10. OFFICERS AND DIRECTORS, 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Rows include: VD TODARD, JOSEPHINE; SD PETERS, EVELYN; PD SCHECTER, ISABELLE; TD BUSH, ANN; D DUPLAA, CARLOS; SD COMNOS, RACHEL.

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: [Signature] DATE: 5/2/05 DAYTIME PHONE: 9547263033