


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90024 022 ****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		3. Mailing Address C/O CASTLE GROUP			
Suite, Apt. #, etc.		Suite, Apt. #, etc. P O BOX 559009			
City & State		City & State FORT LAUDERDALE, FL		4. FEI Number 59-2147819	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THE LAW OFFICES OF KATZMAN & KORR, P.A. 1501 NW 49TH ST. STE. 202 FORT LAUDERDALE, FL 33309			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	VD	<input checked="" type="checkbox"/> Delete	TITLE	VDP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TODARD, JOSEPHINE		NAME	DI BONO, STELLA	
STREET ADDRESS	9925 NW 68TH PL 101		STREET ADDRESS	9925 NW 68TH PLACE #105	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	.SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERS, EVELYN		NAME	COMNOS, RACHEL	
STREET ADDRESS	9925 NW 68TH PL.,#201		STREET ADDRESS	9925 NW 68TH PLACE #106	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHECTER, ISABELLE		NAME	.	
STREET ADDRESS	9925 NW 68TH PL #110		STREET ADDRESS	.	
CITY-ST-ZIP	TAMARAC, FL		CITY-ST-ZIP	.	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, ANN		NAME	.	
STREET ADDRESS	9925 NW 68TH PL 105		STREET ADDRESS	.	
CITY-ST-ZIP	TAMARAC, FL		CITY-ST-ZIP	.	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPLAA, CARLOS		NAME	.	
STREET ADDRESS	9925 NW 68 PLACE #206		STREET ADDRESS	.	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	.	
TITLE		<input type="checkbox"/> Delete	TITLE	.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	.	
STREET ADDRESS			STREET ADDRESS	.	
CITY-ST-ZIP			CITY-ST-ZIP	.	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Isabelle Schecter Pro</i>		Date: <i>5/4/06</i>		Daytime Phone #	
ISABELLE SCHECTER		954 726			