FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:03

DOCUMENT # **N12071** **(9)**

1. Corporation Name

TAMARAC GARDENS CONDOMINIUM NO. 11 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% SUMMIT PROPERTY MANAGEMENT P.O. BOX 189013 PLANTATION FL 33318	% SUMMIT PROPERTY MANAGEMENT P.O. BOX 189013 PLANTATION FL 33318

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1985
3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-2596589 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SUMMITT PROPERTY MANAGEMENT, INC.
6269 W. SUNRISE BLVD.
SUITE 202
SUNRISE 33313

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P/D~~	11 TITLE	P/D	☑ Change ☐ Addition
NAME	FIORIO, VITO	12 NAME		
STREET ADDRESS	9501 W. MCNAB, 101	13 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	14 CITY-ST-ZIP		
TITLE	~~D~~	21 TITLE	T/D	☑ Change ☐ Addition
NAME	BLOOM, ILENE	22 NAME		
STREET ADDRESS	9527 W. MCNB ROAD, 207	23 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	24 CITY-ST-ZIP		
TITLE	~~SD~~	31 TITLE	S/D	☑ Change ☐ Addition
NAME	~~HARTMAN, APRIL~~	32 NAME	Elizabeth Farber	
STREET ADDRESS	~~9513 W. MCNAB RD., SUITE 104~~	33 STREET ADDRESS	9525 W McNab Rd., #111	
CITY-ST-ZIP	~~TAMARAC FL~~	34 CITY-ST-ZIP	Tamarac, FL	
TITLE	VP	41 TITLE		☐ Change ☐ Addition
NAME	GOODMAN, BARBARA A	42 NAME		
STREET ADDRESS	9509 W. MCNAB ROAD, 103	43 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	44 CITY-ST-ZIP		
TITLE	~~D~~	51 TITLE	D	☑ Change ☐ Addition
NAME	~~FARBER, ELIZABETH~~	52 NAME	Edna Tranfaglia	
STREET ADDRESS	~~9525 W. MCNAB RD., SUITE 111~~	53 STREET ADDRESS	9517 W. McNab Rd.	
CITY-ST-ZIP	~~TAMARAC FL~~	54 CITY-ST-ZIP	Tamarac, FL	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Barbara A. Goodman V.Pres. 3/30/95 (954) 722-8345
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #

0010203