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Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12071 (9)

1. Corporation Name
TAMARAC GARDENS CONDOMINIUM NO. 11 ASSOCIATION, INC.

Principal Place of Business % SUMMIT PROPERTY MANAGEMENT P.O. BOX 189013 PLANTATION FL 33318	Mailing Address % SUMMIT PROPERTY MANAGEMENT P.O. BOX 189013 PLANTATION FL 33318-9013
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/14/1985	3a. Date of Last Report 04/05/1996
21		26		4. FEI Number 59-2596589	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SUMMIT PROPERTY MANAGEMENT, INC. 4289 W. SUNRISE BLVD. SUITE 202 SUNRISE 33313		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4430 W. SUNRISE BLVD 83 C-100 84 City PLANTATION FL 85 Zip Code 33313	

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 *Gail H. Sangunett* **Gail H. Sangunett, V.P. - Administration** 2/7/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIORIO, VITO	1.2 NAME	
STREET ADDRESS	9501 W. MCNAB, 101	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	1.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM, ILENE	2.2 NAME	
STREET ADDRESS	9527 W. MCNAB ROAD, 207	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	2.4 CITY - ST - ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARBER, ELIZABETH	3.2 NAME	ARLENE CHIAPPELLI
STREET ADDRESS	9525 W MCNAB RD., #111	3.3 STREET ADDRESS	9529 W MCNAB RD
CITY - ST - ZIP	TAMARAC FL	3.4 CITY - ST - ZIP	TAMARAC, FL 33321
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, BARBARA A	4.2 NAME	
STREET ADDRESS	9509 W. MCNAB ROAD, 103	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	4.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRANFAGLIA, EDNA	5.2 NAME	MONIQUE MADDEN
STREET ADDRESS	9517 W MCNAB RD	5.3 STREET ADDRESS	9503 W MCNAB RD
CITY - ST - ZIP	TAMARAC FL	5.4 CITY - ST - ZIP	TAMARAC, FL 33327
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Edna Tranfaglia* 2/11/97 (954) 792-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0036729

CR2E037 (9/96)