

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12071

1. Entity Name

TAMARAC GARDENS CONDOMINIUM NO. 11 ASSOCIATION,

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

02-14-2000 90008 034 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2596589

Applied For

Not Applied For

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 SERVICES GROUP~~
4450 W SUNRISE BLVD
C-100
PLANTATION FL 33313

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 VD ☐ Delete
NAME BLOOM, BRAD
STREET ADDRESS 9527 W. MCNAB ROAD, 207
CITY-ST-ZIP TAMARAC FL 33321

TITLE SD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE RD ☐ Delete
NAME LAVORGNA, ROBERT
STREET ADDRESS 9523 W MCNAB RD
CITY-ST-ZIP TAMARAC FL

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME GOODMAN, BARBARA
STREET ADDRESS 9509 W. MCNAB RD.
CITY-ST-ZIP TAMARAC FL

TITLE VD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME MADDEN, MONIQUE
STREET ADDRESS 9508 W MCNAB RD
CITY-ST-ZIP TAMARAC FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Gentile, Elvira
STREET ADDRESS 9531 W. McNab Road
CITY-ST-ZIP Tamarac, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Robert LaVorgna
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert LaVorgna, President 1/28/00 (954) 792 6000

Date

Daytime Phone #