

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12071

1. Entity Name

TAMARAC GARDENS CONDOMINIUM NO. 11 ASSOCIATION,

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90179 050 ****61.25

C0013261



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O CASTLE GROUP
P.O. BOX 189013
PLANTATION FL 33318
US

Mailing Address

C/O CASTLE GROUP
P.O. BOX 189013
PLANTATION FL 33318
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 Applicable

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 MANAGEMENT, INC.
4450 W SUNRISE BLVD
C-100
PLANTATION FL 33313

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.

SIGNATURE

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

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GENTILE, ELVIRA
9531 W MCNAB ROAD
TAMARAC FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
Bloom, Elene M.
9527 W. McNab Rd.
TAMARAC, FL ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert LAVORGRA, President 1/10/01 (954) 792-6000
Date Daytime Phone #

CR2E037 (10/00)