

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90257 001 \*\*\*\*61.25

**DOCUMENT # N12071**

1. Entity Name

**TAMARAC GARDENS CONDOMINIUM NO. 11  
ASSOCIATION, INC.**



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**

**24058393**



MOORE

CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Tamarac, FL**

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

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

7. Name and Address of New Registered Agent

**The Law Offices of Katzman & Korr, P.A.  
1501 Northwest 49th Street, Suite 202  
Fort Lauderdale, Florida 33309**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Ferren L. Korr, Esq. 04/26/04**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
BLOOM, ILENE M  
9527 W MCNAB RD  
TAMARAC FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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:**

**Ileene M. Bloom**

**ILENE M. BLOOM, TREAS**

**4/15/04 954-721-4897**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #