


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

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

04-28-2004 90257 022 ****61.25

DOCUMENT # N25927
1. Entity Name
TAMARAC GARDENS CONDOMINIUM NO. 6 ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O CASTLE GROUP C/O CASTLE GROUP
P.O. BOX 189013 P.O. BOX 189013
PLANTATION FL 33318 PLANTATION FL 33318
US US

44058398



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
9835 N.W. 68th Pl Suite, Apt. #, etc.

City & State City & State
Tamarac, FL City & State

Zip Country Zip Country
33321 Country

4. FEI Number Applied For
65-0034910 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: *Ferren L. Korr, Esq.* DATE: *04/26/04*

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

**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 HANDEN, ALVIN 9640 W MCNAB ROAD TAMARAC FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CIPRIANO, ELEANOR 9676 W MCNAB ROAD TAMARAC FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DRESSNER, HARRY 9660 W. MCNAB RD. TAMARAC FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HERBERT BOOSE 9664 W MCNAB RD #107 TAMARAC FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ANTHONY Cipriano 9676 W MCNAB ROAD TAMARAC, FL 33321 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Harry Dressner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *04/13/04* Daytime Phone #: *9547211712*