


Tamarac Gardens

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 06, 2005 8:00 am Secretary of State

05-06-2005 90098 036 ****61.25

DOCUMENT # N25927					
1. Entity Name TAMARAC GARDENS CONDOMINIUM NO. 6 ASSOCIATION, INC.					
Principal Place of Business 9835 N.W. 68TH PL TAMARAC, FL 33321 US			Mailing Address C/O CASTLE GROUP P.O. BOX 189013 PLANTATION, FL 33318 US		
2. Principal Place of Business		3. Mailing Address C/O CASTLE GROUP		03082005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. BOX 559009		4. FEI Number 65-0034910	
City & State		City & State FT. LAUDERDALE, FL		Applied For Not Applicable	
Zip	Country	Zip 33355-9009	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THE LAW OFFICES OF KATZMAN & KORR, P.A. 1501 NORTHWEST 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	HANDIN, ALVIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDEN, ALVIN		NAME		
STREET ADDRESS	9640 W MCNAB ROAD		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIPRIANO, ELEANOR		NAME		
STREET ADDRESS	9676 W MCNAB ROAD		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	DRESSNER, HARRY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESSNER, HARRY		NAME		
STREET ADDRESS	9660 W. MCNAB RD.		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERBERT BOOSE		NAME		
STREET ADDRESS	9664 W MCNAB RD #107		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIPRIANI, ANTHONY		NAME		
STREET ADDRESS	9676 W MCNAB ROAD		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Anthony Cipriani</i>			Date: <i>4/30/05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		