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03-16-1999 90024 024 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000003144**

1. Corporation Name

LOTUS GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4805 NW 35TH STREET LAUDERDALE LAKES FL 33319	4805 NW 35TH STREET LAUDERDALE LAKES FL 33319

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualifed: 06/10/1996

4. FEI Number: 65-0724351 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required.

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DROUIN, ALBENY
4805 NW 35TH STREET
LAUDERDALE LAKES FL 33319

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VD	XX Change ☐ Addition
NAME	DROUIN, ALBENY		1.2 NAME		
STREET ADDRESS	4805 NW 35TH ST, L-411		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LABRIE, JACQUES		2.2 NAME		
STREET ADDRESS	4805 NW 35TH ST., L-412		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	PD	XX Change ☐ Addition
NAME	CHABOT, GAETAN		3.2 NAME		
STREET ADDRESS	4805 NW 35TH ST. L-615		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319		3.4 CITY-ST-ZIP		
TITLE	TD	XX DELETE	4.1 TITLE	TD	☐ Change XX Addition
NAME	SYBELL, LILLIAN		4.2 NAME	JACQUES DENAULT	
STREET ADDRESS	4805 35TH ST, L-405		4.3 STREET ADDRESS	4805 N W 35th Street	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319		4.4 CITY-ST-ZIP	Lauderdale Lakes, Fl 33319	
TITLE	D	☐ DELETE	5.1 TITLE	SD	XX Change ☐ Addition
NAME	RICHARD, ROLLAND		5.2 NAME		
STREET ADDRESS	4805 NW 35TH ST, L-505		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319		5.4 CITY-ST-ZIP		
TITLE	D	XX DELETE	6.1 TITLE	D	☐ Change XX Addition
NAME	BELANGER, PIERRE		6.2 NAME	HELEN MELLET	
STREET ADDRESS	4805 NW 35TH ST, L-505		6.3 STREET ADDRESS	4805 N W 35th Street	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319		6.4 CITY-ST-ZIP	Lauderdale Lakes, Fl 33319	

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED V.P. MARCH 4-99 739-8760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #