FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **758133** **(3)**

1. Corporation Name

TAMARAC GARDENS CONDOMINIUM NO. 1 ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
C/O SUMMIT PROPERTY MANAGEMENT P.O. BOX 189013 PLANTATION FL 33318	C/O SUMMIT PROPERTY MANAGEMENT P.O. BOX 189013 PLANTATION FL 33318

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/19/1981**
3a. Date of Last Report: **03/04/1994**
4. FEI Number: **59-2147819** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

SUMMITT PROPERTY MANAGEMENT, INC.
6289 W SUNRISE BLVD
SUITE 202
SUNRISE FL 33313

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 607.0502 and 607.1508, 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 607.0505, 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	~~D~~	11 TITLE	P	☑ Change ☐ Addition
NAME	~~GREEN, IRWIN~~	12 NAME	Irwin Green	
STREET ADDRESS	~~9925 N.W. 68TH PLACE, SUITE 104~~	13 STREET ADDRESS	9925 N.W. 68 Place, ## #104	
CITY-ST-ZIP	~~TAMARAC FL~~	14 CITY-ST-ZIP	Tamarac, FL	
TITLE	~~T/D~~	21 TITLE	T/D	☑ Change ☐ Addition
NAME	GOLDBERG, JEROME	22 NAME		
STREET ADDRESS	9925 NW 68TH PL, #206	23 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	BOLOGNO, LOUIS	32 NAME		
STREET ADDRESS	9925 NW 68TH PL., #202	33 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	D'ANGELO, LUCILLE	42 NAME		
STREET ADDRESS	9925 NW 68TH PL.,#201	43 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33321	44 CITY-ST-ZIP		
TITLE	~~D~~	51 TITLE	S/D	☑ Change ☐ Addition
NAME	SCHECTER, ISABELLE	52 NAME	RESIGNED 5/1/95	
STREET ADDRESS	9925 NW 68 PL #102	53 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	54 CITY-ST-ZIP		
TITLE	Josephine Todaro	61 TITLE	Josephine Todaro	☐ Change ☒ Addition
NAME	9925 NW 68TH PLACE	62 NAME	9925 NW 68TH PLACE	
STREET ADDRESS	TAMARAC FL 33321	63 STREET ADDRESS	TAMARAC FL 33321	
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Irwin Green Pres. 4/20/95 722-6556
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0010230