## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Jack Schwert 126/96 484-7830

1996

DOCUMENT #
1. Corporation Name

724155

(7)

GARNET CONDOMINIUM ASSOCIATION, INC.

Principal Place	e of Business	Mailing Address					7 103/11 102/2 1/3/1 0/03/ 1/03/ 0/103/			#*#** #*#** * <b>#</b> #	
4270 NW 40 ST LAUDERDALE LAKES 33319 4270 NW 40 ST LAUDERDALE LAKES 33319			3319	9							
							3. Date Incorporated or Qualified 08/21/1972	<b>3a</b> . D	ate of Last 02/27/1	: Report <b>995</b>	
2. Principal Pi	ace of Business	2a. Mailing Address 26				4. FEI Number 59-1540695			Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional		
City & State		City & State					<u> </u>		Required		
City & State		28				Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees				
Zip	Country	Zip	Cou	intry			8. This corporation has liability for		ax under s		
24	25							Yes 🖫			
	9. Name and Address of Current	Hegistered Agent		B1	Nan	)	10. Name and Address of New F	egistered	Agent		
IRWIN, S	:AM										
4270 NV			82 Street Add			et Addres	s (P.O. Box Number is Not Acceptab	l <del>e</del> )			
	DALE LAKES FL 33319			В3							
				84	City			Fl	<b>85</b> Zi	ip Code	
11. Pursuant	to the provisions of Sections 617.0502 red agent, or both, in the State of Florid	and 617.1508, Florida Statut a. Such change was authoriz	tes, the abo	ove-n	named	corporati	on submits this statement for the pur	pose of ch	anging its	registered office	
familiar wi	ith, and accept the obligations of, Section	on 617.0503, Florida Statute	S.	,						- ego	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title If sonlinetyle (Ne	DTE: Registered	Anen	t cionatu	re required ut	han reinstation	DATE			
12.	OFFICERS AND		13.	7.00		ac requires m	ADDITIONS/CHANGES TO OFF		DIRECTO	ORS IN 12	
THLE	PD	DELETE	1.1 TI	TLE					Change	Addition	
NAME	IRWIN, SAM		1.2 N	AME							
STREET ADDRESS	4270 NW 40 ST		1.3 S	TREET	ADDRES	ss					
CITY - S1 - ZIP	LAUDERDALE LKS, FL.00000		1.4 CI	ITY-S	T-ZIP						
TITLE	TD			2 1 TITLE					Change	Addition	
NAME	SCHWARTZ, JACK		2 2 N	2 2 NAME							
STREET ADDRESS	4270 NW 40 ST		2.3 STREET ADDRESS			ss					
CITY-ST-ZIR	LAUDERDALE LKS, FL 00000		2. 4 CITY - ST - ZIP								
TITLE	VD DELETE			3.1 TITLE					Change	Addition	
NAME	DUBINER, MORRIS 4270 NW 40 ST		3.2 N								
STREET ADDRESS	LAUDERDALE LKS, FL.00000				ADDRES	SS					
CITY - ST - ZIP	D	DELETE			ST-ZIP				Change	Addition	
TITLE NAME	SOLOMON, I JACK	Clottest	4.1 Th 4. 2 N			ŀ			Change		
STREET ADDRESS	4270 NW 40 ST				ADDRES						
CITY-ST-ZIP	LAUDERDALE LKS, FL.00000				T-ZIP	23					
TITLE	D	DELETE	5.1 Ti		I - ZIF				Change	☐ Addition	
NAME	WAGNER, MAX		5.2 N								
STREET ADORESS	4270 NW 40 ST				ADDRES	ss					
CITY - ST - ZIP	LAUDERDALE LKS, FL.00000				T-ZIP						
TIFLE	S	DELETE	6.1 TI						Change	Addition	
NAME	PEAR, WILLIAM		6.2 N	AME							
STREET ADDRESS	4270 NW 40 ST		635	TREET	ADDRES	SS					
CITY - ST - ZIP	LAUDERDALE LKS, FL.00000				T-ZIP						
14. I do hereb	by certify that the information supplied value the information indicated on this annu	vith this filing is voluntarily fur	nished and	does	s not o	qualify for	the exemption stated in Section 119	07(3)(k), FI	orida Statu	ites. I further	
oath; that	I am an officer or director of the corpor n Block 12 or Block 13 if changed, or o	ration or the receiver or truste	e empowe	red t	to exe	cute this r	eport as required by Chapter 617, Fl	orida Statu	tes; and th	at my name	