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FILED

Feb 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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 33318C/O SUMMIT PROPERTY MANAGEMENT  
P.O. BOX 189013  
PLANTATION FL 33318-90133. Date Incorporated or Qualified  
11/19/19813a. Date of Last Report  
04/30/1996

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 Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

4436 W Sunrise Blvd

83 Suite 100-C

84 City

Plantation

FL

85 Zip Code

33318

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME BOLOGNO, LOUIS  
STREET ADDRESS 9925 NW 68TH PL., #202  
CITY-ST-ZIP TAMARAC FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VD ☐ DELETE  
NAME D'ANGELO, LUCILLE  
STREET ADDRESS 9925 NW 68TH PL., #201  
CITY-ST-ZIP TAMARAC FL 333212.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE SD ☐ DELETE  
NAME SCHECTER, ISABELLE  
STREET ADDRESS 9925 NW 68 PL #102  
CITY-ST-ZIP TAMARAC FL3.1 TITLE Director ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME TODARO, JOSEPHINE  
STREET ADDRESS 9925 NW 68TH PLACE  
CITY-ST-ZIP TAMARAC FL4.1 TITLE Secretary ☐ Change ☒ Addition  
4.2 NAME Bush, Robert  
4.3 STREET ADDRESS 9925 N.W. 68th Place #110  
4.4 CITY-ST-ZIP Tamarac, FL 33321TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Jerome G. Gledhill, Treasurer

1/15/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0036761

CR2E037 (9/96)