

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90062 050 ****61.25

DOCUMENT # 722774

1. Entity Name
CLOVER GARDENS CONDOMINIUM, INC.



Principal Place of Business
7100 W COMMERCIAL BLVD.
STE. 107
LAUDERDALE LAKES, FL 33319

Mailing Address
7100 WEST COMMERCIAL BLVD
SUITE 107
LAUDERHILL, FL 33319 US

50002935



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1510660

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMBASSADOR COMMUNITY MANAGEMENT INC
7100 W COMMERCIAL BLVD STE 107
FORT LAUDERDALE, FL 33319

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE SD
NAME BOSSE, JEANNIE ☒ Delete
STREET ADDRESS 5000 NW 36 ST., #602
CITY-ST-ZIP FORT LAUDERDALE, FL 33319

TITLE VPD
NAME AZAR, SYLVIA ☒ Delete
STREET ADDRESS 5000 NW 36TH STREET #509
CITY-ST-ZIP FORT LAUDERDALE, FL 33319

TITLE TD
NAME GOSSELIN, GUY-RENE ☐ Delete
STREET ADDRESS 5000 NW 36 ST., #611
CITY-ST-ZIP FORT LAUDERDALE, FL 33319

TITLE VPD
NAME MAHEUX, HENRI PAUL ☐ Delete
STREET ADDRESS 5000 NW 36TH STREET #507
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE TD
NAME COSSETTE, YVES ☐ Delete
STREET ADDRESS 5000 NW 36TH STREET #504
CITY-ST-ZIP FORT LAUDERDALE, FL 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD
NAME Joly, Lucien ☐ Change ☒ Addition
STREET ADDRESS 5000 N.W. 36th St. #405
CITY-ST-ZIP Lauderdale Lakes, FL 33319

TITLE SD
NAME Cossette, Suzanne ☐ Change ☒ Addition
STREET ADDRESS 5000 N.W. 36th St. #504
CITY-ST-ZIP Lauderdale Lakes, FL 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME Cossette, Yves ☒ Change ☐ Addition
STREET ADDRESS 5000 N.W. 36th St. #504
CITY-ST-ZIP Lauderdale Lakes, FL 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan - 11 / 2005

Date

Daytime Phone #