


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90028 050 \*\*\*\*70.00

<b>DOCUMENT # 728270</b>	
<b>1. Entity Name</b>	
SOUTH GARDEN CONDOMINIUM OF DEERFIELD BEACH, INC	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
750 SE 6TH AVENUE DEERFIELD BEACH FL 33441 US	750 SE 6TH AVENUE DEERFIELD BEACH FL 33441 US

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

<b>4. FEI Number</b> 59-1527060		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
CARNEY, FRANCES 750 SE 6 AVE. #128 DEERFIELD BEACH FL 33441-4875		Name Dumais, Gilman Street Address (P.O. Box Number is Not Acceptable) 750 SE 6 Ave., #321 City Deerfield Beach FL Zip Code 33441	

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 Gilman Dumais 2/25/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE PD NAME CARNEY, FRANCES STREET ADDRESS 750 SE 6TH AVE., #128 CITY-ST-ZIP DEERFIELD BEACH FL 33441-4875	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Dumais, Gilman STREET ADDRESS 750 SE 6th Ave., #321 CITY-ST-ZIP Deerfield Beach, FL 33441	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME GARAMONE, STELLA STREET ADDRESS 750 SE 6 AVE #231 CITY-ST-ZIP DEERFIELD BEACH FL 33441-4875	<input type="checkbox"/> Delete	TITLE SD NAME Porochonski, Jean STREET ADDRESS 750 SE 6th Ave., #220 CITY-ST-ZIP Deerfield Beach, FL 33441	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME REID, KAREN STREET ADDRESS 750 SE 6TH AVE., #125 CITY-ST-ZIP DEERFIELD BEACH FL 33441-4875	<input checked="" type="checkbox"/> Delete	TITLE TD NAME Garamone, Stella STREET ADDRESS 750 SE 6th Ave., #231 CITY-ST-ZIP Deerfield Beach, FL 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE BM NAME DESCHAMBAULT, CLAUDE STREET ADDRESS 750 SE 6 AVE #228 CITY-ST-ZIP DEERFIELD BEACH FL 33441-4875	<input checked="" type="checkbox"/> Delete	TITLE BM NAME Tangelder, John STREET ADDRESS 750 SE 6th Ave., #136 CITY-ST-ZIP Deerfield Beach, FL 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE BM NAME DENIS, ROBERT STREET ADDRESS 750 SE 6TH AVE., #132 CITY-ST-ZIP DEERFIELD BEACH FL 33441-4875	<input type="checkbox"/> Delete	TITLE BM NAME Tangelder, John STREET ADDRESS 750 SE 6th Ave., #136 CITY-ST-ZIP Deerfield Beach, FL 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Gilman Dumais 2/25/06 954 426 8149