2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 01, 2007 8:00 am Secretary of State

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1. Entity Name SOUTH GARDEN CONDOMINIUM OF DEERFIELD BEACH, INC



ddress

Principal Place of Business
750 SE 6TH AVENUE
DEERFIELD BEACH, FL 33441 US
Mailing Address
750 SE 6TH AVENUE
DEERFIELD BEACH, FL 33441

DEERFIELD B	BEACH, FL 33441	US	DEE	rfield Beach, Fl	33441 US							
2. Principal P	lace of Business - No	o P.O. Box #	3. Ma	iling Address	. 1/-							
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Suite, Apt.	#, etc.		S	uite, Apt. #, etc.	15624		02222007	Chg-NP	CR2	E037 (12/06)		
City & State	e		β	ity & State LANTAT	/ ~	_	4. FEI Number 59-152	7060			optied For ot Applicable	
Zip	Cou	ıntry	<u>Z</u>	837/8	Country		5. Certificate	of Status De	esired 🔲	\$8.75 Add Fee Require		
	6. Name and Ad	dress of Cu	rrent Register	ed Agent				Address of	New Register	ed Agent		
DUMAIS (ZII MAN				Name	MICI	YAEL	CHA	PRICK	/		
DUMAIS, GILMAN 750 SE 6 AVE. #321					Street A	Street Address (P.O. Box Number is Not Acceptable) CHAPNICK (DMMUNITY ASSOC LAW)						
DEERFIEL	D BEACH, FL 3	33441) <u>,</u>			-	<u> </u>	
					City •	0 0	5. LINT	ON 1	3 LVD	57 E 10	2 <u>2.</u> B	
					$ \nu$	ELR		EACH	•	FL 3	483	
	named entity submit		nent for the purp	pose of changing its	registered office o	r register	ed agent, or bo	th, in the Stat	te of Florida. I	am familiar with,	and accept	
the obligat	ions of registered ag	ent.	1// /		11.0	/	/			/ / -		
	2/	af (N		Vichael C	hashic	yk.		21	27/07		
SIGNATURE.	Signature, typed or printed	name of registers	d agent and title if ag	oplicable. (NOT	E: Registered Agent signa	ure required	when reinstating)		04	TE		
				O Floation Co.	npaign Financing		AF 00		Maka ci	neck payable t		
٠ ، ،	Filing Fee is \$6 Due by May 1,				Contribution.		\$5.00 May B Added to Fees			partment of S		
	Due by may .,											
10.			ND DIRECTOR		11.		ADDITIONS/CH	ANGES TO	OFFICERS ANI	DIRECTORS IN		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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:

AGRIATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

te Daytime Phone #