

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90073 025 ****61.25

DOCUMENT # 728270					
1. Entity Name SOUTH GARDEN CONDOMINIUM OF DEERFIELD BEACH, INC					
Principal Place of Business 750 SE 6TH AVENUE DEERFIELD BEACH, FL 33441 US			Mailing Address A&W PROPERTY MGMT., INC. PO BOX 15624 PLANTATION, FL 33318 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01162008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1527060				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAPNICK, MICHAEL 100 E LINTON BLVD STE 102-B DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME TEVLIN, TOM STREET ADDRESS 750 SE 6 AVE #236 CITY-ST-ZIP DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME POROCHONSKI, JEAN STREET ADDRESS 750 SE 6TH AVE. #220 CITY-ST-ZIP DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Delete		TITLE SD NAME PAULETTE TANGELDER STREET ADDRESS 750 SE 6 AVE #136 CITY-ST-ZIP Deerfield Beach FL 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME LACOSTE, MICHEL STREET ADDRESS 750 SE 6 AVE #235 CITY-ST-ZIP DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME TANGELDER, JOHN STREET ADDRESS 750 SE 6TH AVE. #136 CITY-ST-ZIP DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Delete		TITLE TD NAME FRANCES CARNEY STREET ADDRESS 750 SE 6 AVE # 128 CITY-ST-ZIP Deerfield BEACH FL 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME MILLER, MARGARET STREET ADDRESS 750 SE 6 AVE #123 CITY-ST-ZIP DEERFIELD BEACH, FL 334414875	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME STELLA GARMONE STREET ADDRESS 750 SE 6 AVE #231 CITY-ST-ZIP Deerfield BEACH FL 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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: <i>Thomas Tevlin, President</i> 1-16-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					