

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR 15 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716438

(7)

1. Corporation Name

ELM GARDENS CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

C/O LOUIS DICKERT
5051 W OAKLAND PARK BLVD
LAUDERDALE LAKES FL 33313

C/O LOUIS DICKERT
5051 W OAKLAND PARK BLVD
LAUDERDALE LAKES FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1969

3a. Date of Last Report

03/04/1994

4. FEI Number

59-1372758

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 Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. 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.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DICKERT, LOUIS
5051 W. OAKLAND PARK BLVD.
LAUDERDALE LAKES FL 33313

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0505, 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
NAME DICKERT, LOUIS
STREET ADDRESS 5051 W OAKLAND PARK BLVD
CITY-ST-ZIP LAUDERDALE LKS, FL 0

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D
NAME CANTOR, SAM
STREET ADDRESS 5051 W OAKLAND PARK BLVD
CITY-ST-ZIP LAUDERDALE LKS, FL 0

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE SD
NAME POLK, FANNY
STREET ADDRESS 5051 W OAKLAND PARK BLVD
CITY-ST-ZIP LAUDERDALE LKS, FL 0

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE VPD
NAME PESSAH, LEE
STREET ADDRESS 5051 W OAKLAND PARK BLVD
CITY-ST-ZIP LAUDERDALE LKS, FL 0

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE TD
NAME ROTHWAX, MORRIS
STREET ADDRESS 5051 W OAKLAND PARK BLVD
CITY-ST-ZIP LAUDERDALE LKS, FL 0

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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; 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/95 (305) 735-0809