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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 716438 (7)

1. Corporation Name
ELM GARDENS CONDOMINIUM, INC.

5051 W. Oakland Pk. Blvd, Lauderdale Lks, Fla. 33313
Principal Place of Business

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

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

3. Date Incorporated or Qualified: 04/24/1969

4. FEI Number: 59-1372758 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DICKERT, LOUIS		1.2 NAME	
STREET ADDRESS	5051 W OAKLAND PARK BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LKS, FL 0		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PESSAH, LEE		2.2 NAME	
STREET ADDRESS	5051 W OAKLAND PARK BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LKS, FL 0		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROTHWAX, MORRIS		3.2 NAME	
STREET ADDRESS	5051 W OAKLAND PARK BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LKS, FL 0		3.4 CITY-ST-ZIP	
TITLE	VDP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LANDAU, ETTA		4.2 NAME	
STREET ADDRESS	5051 W OAKLAND PK BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HARSFAIR, ANDREW		5.2 NAME	
STREET ADDRESS	5051 W OAKLAND PK BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (10/97)

14. 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 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 or 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: Louis Dickert Louis Dickert 1-13-98 954-731-9220