


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90374 003 ****61.25

DOCUMENT # 718209 1. Entity Name NARCISSUS GARDENS CONDOMINIUM, INC.	
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Principal Place of Business 7100 W COMMERCIAL BLVD SUITE 107 LAUDERHILL, FL 33319 US	Mailing Address 7100 W COMMERCIAL BLVD SUITE 107 LAUDERHILL, FL 33319 US
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60024224



03232006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-1372611	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AMBASSADOR COMMUNITY MANAGEMENT INC 7100 W COMMERCIAL BLVD SUITE 107 LAUDERHILL, FL 33319
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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WADDY, RONALD 5151 W OAKLAND PD BLVD FORT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRAVATO, KATHLEEN 5151 W OAKLAND PD BLVD LAUDERDALE LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUTTERWORTH, CHARLES 5151 W OAKLAND PARK BLVD # 309 LAUDERDALE LAKES, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAISEL, JUDY 5151 W OAKLAND PARK BLVD # 110 LAUDERDALE LAKES, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHRUST, MARILYN 5151 W OAKLAND PARK BLVD # 311 LAUDERDALE LAKES, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Judith Maisel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____