2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State
03-12-2007 90081 010 ****61.25

DOCUMENT # 718209

1. Entity Name
NARCISSUS GARDENS CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
7100 W COMMERCIAL BLVD SUITE 107 LAUDERHILL, FL 33319 US	7100 W COMMERCIAL BLVD SUITE 107 LAUDERHILL, FL 33319 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

02092007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1372611 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMBASSADOR COMMUNITY MANAGEMENT INC 7100 W COMMERCIAL BLVD SUITE 107 LAUDERHILL, FL 33319	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	VPD ☒ Delete	TITLE	2VP ☐ Change ☒ Addition
NAME	WADDY, RONALD	NAME	Lookanan, Harry
STREET ADDRESS	5151 W OAKLAND PD BLVD	STREET ADDRESS	315 SE 11th Terr #202
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319	CITY-ST-ZIP	Dania, FL 33004
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PRAVATO, KATHLEEN	NAME	
STREET ADDRESS	5151 W OAKLAND PD BLVD	STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES, FL	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	BUTTERWORTH, CHARLES	NAME	Gallagher, Patricia
STREET ADDRESS	5151 W OAKLAND PARK BLVD # 309	STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MAISEL, JUDY	NAME	
STREET ADDRESS	5151 W OAKLAND PARK BLVD # 110	STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313	CITY-ST-ZIP	
TITLE	VPD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHRUST, MARILYN	NAME	
STREET ADDRESS	5151 W OAKLAND PARK BLVD # 311	STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Marilyn Chrust
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #