


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90059 031 ****61.25

DOCUMENT # 718209

1. Entity Name
NARCISSUS GARDENS CONDOMINIUM, INC.




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**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01312008 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

**AMBASSADOR COMMUNITY MANAGEMENT INC
 7100 W COMMERCIAL BLVD
 SUITE 107
 LAUDERHILL, FL 33319**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRAVATO, KATHLEEN 5151 W.OAKLAND PD BLVD LAUDERDALE LAKES, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALLAGHER, PATRICIA 5151 W OAKLAND PARK BLVD # 309 LAUDERDALE LAKES, FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAISEL, JUDY 5151 W OAKLAND PARK BLVD # 110 LAUDERDALE LAKES, FL 33313	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHRUST, MARILYN 5151 W OAKLAND PARK BLVD # 311 LAUDERDALE LAKES, FL 33313	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP LOOKANAN, HARRY 315 SE 11TH TERR #202 DANIA, FL 33004	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	IVP Waddy, Ron 5151 W. Oakland Park Blvd, 202 Lauderdale Lakes, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP Nicosia, Josephine 5151 W. Oakland Pk. Blvd, #304 Lauderdale Lakes, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Solomon, Darley 5151 W. Oakland Park Blvd, #303 Lauderdale Lakes, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sonnenschein, Georgine 5151 W. Oakland Park Blvd, #209 Lauderdale Lakes, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: *Ronal Waddy*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____