

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90048 003 ****61.25

DOCUMENT # 718212 1. Entity Name LILAC GARDENS CONDOMINIUM, INC.					
Principal Place of Business 7100 W COMMERCIAL BLVD. STE. 107 FORT LAUDERDALE, FL 33319			Mailing Address 7100 WEST COMMERCIAL BLVD SUITE 107 LAUDERHILL, FL 33319		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1372805	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent AMBASSADOR COMMUNITY MGMT 7100 W. COMMERCIAL BLVD, STE 107 LAUDERHILL, FL 33319				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	DP ELLIS, MAX 5131 W OAKLAND PK. BLVD LAUDERDALE LKS., FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LUNA, ELIZABETH 5131 E OAKLAND PR BLVD., #105 FORT LAUDERDALE, FL 33319	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GREGORY, GLADYS 5131 W OAKLAND PK. BLVD., #112 LAUDERDALE LAKES, FL 33319	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAMARCHE, PIERRE 5131 W. OAKLAND PK. BLVD LAUDERDALE LKS., FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NICOSIA, FRANK 5131 W OAKLAND PARK BLVD., #211 FORT LAUDERDALE, FL 33319	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		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 exemption stated in Section 119.07(3)(l), 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: <i>Elizabeth P. Hanna</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

JAN 21 2005

50005548



01052005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1372805

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

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.

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

Make check payable to
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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DP ELLIS, MAX 5131 W OAKLAND PK. BLVD LAUDERDALE LKS., FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VPD LUNA, ELIZABETH 5131 E OAKLAND PR BLVD., #105 FORT LAUDERDALE, FL 33319

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DS GREGORY, GLADYS 5131 W OAKLAND PK. BLVD., #112 LAUDERDALE LAKES, FL 33319

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VPD LAMARCHE, PIERRE 5131 W. OAKLAND PK. BLVD LAUDERDALE LKS., FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DT NICOSIA, FRANK 5131 W OAKLAND PARK BLVD., #211 FORT LAUDERDALE, FL 33319

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SIGNATURE: Elizabeth P. Hanna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #