
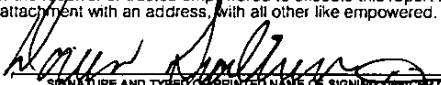


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-03-2006 90417 050 \*\*\*\*61.25

<b>DOCUMENT # 718300</b> 1. Entity Name <b>OLEANDER GARDENS CONDOMINIUM, INC.</b>			
Principal Place of Business <b>C/O ESTELLE DREXLER 5101 W OAKLAND PK BLVD LAUDERDALE LAKES, FL 33313</b>		Mailing Address <b>C/O ESTELLE DREXLER 5161 W. ORLANDO PARK BLVD. LAUDERDALE LAKES, FL 33313</b>	
2. Principal Place of Business <b>7100 W. Commercial Blvd.</b>		3. Mailing Address <b>7100 W. Commercial Blvd.</b>	
Suite, Apt. #, etc. <b>Suite 107</b>		Suite, Apt. #, etc. <b>Suite 107</b>	
City & State <b>Lauderhill, FL</b>		City & State <b>Lauderhill, FL</b>	
Zip <b>33319</b>		Zip <b>33319</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-1372608</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DREXLER, ESTELLE 5161 W OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33313</b>		7. Name and Address of New Registered Agent Name <b>Ambassador Community Management, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7100 W. Commercial Blvd., Ste. 107</b> City <b>Lauderhill</b> <b>FL</b> Zip Code <b>33319</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DREXLER, ESTELLE 5161 W OAKLAND PK BLVD LAUDERDALE LKS, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gualtieri, John 5161 W. Oakland Park Blvd. # 311 Lauderdale Lakes, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DODD, IVAN 5161 W OAKLAND PK BLVD LAUDERDALE LKS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD 5161 W. Oakland Park Blvd, #309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BONNELL, ROLAND 5161 W.OAKLAND PARK BLVD. LAUDERDALE LAKES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD 5161 W. Oakland Park Blvd, #301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUDEL, MICHEL 5161 W OAKLAND PK BLVD LAUDERDALE LKS, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Roger Cosselle 5161 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	D LEVY, LORETTA 5161 W. OAKLAND PK. BLVD. LAUDERDALE LAKES, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD 5161 W. Oakland Park Blvd, #311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUALTIERI, DOREEN 5161W OAKLAND PK BLVD LAUDERDALE LAKES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD 5161 W. Oakland Park Blvd, #311 <input checked="" 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.			
<b>SIGNATURE:</b> 		Date <b>3/27/2006</b> Daytime Phone # <b>954-741-8911</b>	