

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90013 038 \*\*\*\*61.25

**DOCUMENT # 720653**

1. Entity Name  
VIOLET GARDENS CONDOMINIUM, INC.



Principal Place of Business  
7100 W. COMMERCIAL BLVD.  
SUITE 107  
LAUDERHILL, FL 33319

Mailing Address  
7100 WEST COMMERCIAL BLVD  
SUITE 107  
LAUDERHILL, FL 33319



02132008 Chg-NP CR2E037 (12/06)

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

4. FEI Number  
59-1447224

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 MGMT., 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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME BELANGER, MICHEL  
STREET ADDRESS 5101 NW 34TH ST 107  
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE D ☐ Change ☒ Addition  
NAME Lapierre, Jacques  
STREET ADDRESS 5101 NW 34th St, #310  
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE VPD ☐ Delete  
NAME BELL, MICHEL  
STREET ADDRESS 5101 NW 34TH ST 103  
CITY-ST-ZIP FORT LAUDERDALE, FL 33319

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME THERRIEN, PAUL  
STREET ADDRESS 5101 NORTHWEST 34TH STREET #210  
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CROCHETIERE, PIERRE  
STREET ADDRESS 5101 NW 34TH ST 302  
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #