

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720889 (5)

1. Corporation Name

USNEE GARDENS CONDOMINIUM, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 14 AM 9:19

Principal Place of Business: **5002 NW 35 ST. LAUDERDALE LAKES FL 33319**
Mailing Address: **5002 NW 35 ST. LAUDERDALE LAKES FL 33319**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/07/1971**
3a. Date of Last Report: **03/24/1994**
4. FEI Number: **59-1446322**
Applied For:
Not Applicable:

2. Principal Place of Business: **21** Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25** **29** **30**

5. Certificate of Status Desired: **\$9.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SILVER, MOLLIE
5002 N. W. 35 ST
LAUDERDALE LAKES FL 33319**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	SILVER, MOLLIE
STREET ADDRESS	5002 NW 35 ST
CITY-ST-ZIP	LAUDERDALE LAKES FL
TITLE	PD
NAME	ARMSTRONG, IRWIN
STREET ADDRESS	5002 NW 35 ST
CITY-ST-ZIP	LAUDERDALE LAKES FL
TITLE	VD
NAME	CHENIER, LUCIEN
STREET ADDRESS	5002 NW 35 ST
CITY-ST-ZIP	LAUDERDALE LAKES FL
TITLE	VD
NAME	WOLIN, ETHEL
STREET ADDRESS	5002 NW 35 ST
CITY-ST-ZIP	LAUDERDALE LAKES FL
TITLE	SD
NAME	ARMSTRONG, GERT
STREET ADDRESS	5002 NW 35 ST
CITY-ST-ZIP	LAUDERDALE LAKES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Mollie Silver** **3/4/95** **805-464-6499**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR