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Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720889

(5)

1. Corporation Name

USNEE GARDENS CONDOMINIUM, INC.

Principal Place of Business

5002 NW 35 ST.
LAUDERDALE LAKES FL 33319

Mailing Address

5002 NW 35 ST.
LAUDERDALE LAKES FL 33319-5200

3. Date Incorporated or Qualified

05/07/1971

3a. Date of Last Report

03/28/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

4. FEI Number

59-1446322

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition3.1 TITLE VD
3.2 NAME ARMAND PAROVR
3.3 STREET ADDRESS 5002 N.W. 35 ST
3.4 CITY-ST-ZIP LAUDERDALE LAKES, FLA.
☐ Change ☒ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X *Mollie Silver*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/4/97

X 484-6499

Date

Daytime Phone # 0035190

CR2E037 (9/96)