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Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA 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

3. Date Incorporated or Qualified: 05/07/1971

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 Zip Country

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

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? [X] Yes [] No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. [X] 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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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: PAZDUR, ARMAND
STREET ADDRESS: 5002 NW 35TH 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: []

1.1 TITLE: [] Change [] Addition
1.2 NAME: []
1.3 STREET ADDRESS: []
1.4 CITY-ST-ZIP: []

2.1 TITLE: P.O. PAZDUR, ARMAND [X] Change [X] Addition
2.2 NAME: []
2.3 STREET ADDRESS: 5002 N.W. 35TH ST
2.4 CITY-ST-ZIP: LAUDERDALE LAKES, FL

3.1 TITLE: N.D LEON WASSERBERGER [X] Change [X] Addition
3.2 NAME: []
3.3 STREET ADDRESS: 5002 N.W. 35 ST
3.4 CITY-ST-ZIP: LAUDERDALE LAKES, FLA.

4.1 TITLE: VD. RITA MORISSETTE [X] Change [X] Addition
4.2 NAME: []
4.3 STREET ADDRESS: 5002 N.W. 35TH ST
4.4 CITY-ST-ZIP: LAUDERDALE LAKES, FLA

5.1 TITLE: [] Change [] Addition
5.2 NAME: []
5.3 STREET ADDRESS: []
5.4 CITY-ST-ZIP: []

6.1 TITLE: [] Change [] Addition
6.2 NAME: []
6.3 STREET ADDRESS: []
6.4 CITY-ST-ZIP: []

14. I 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

X 3/11/98 X 904-464-6499

CF2E037 (10/97)