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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 720889

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/07/1971	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1446322	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

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	Armand Pazdur		
				82 Street Address (P.O. Box Number is Not Acceptable)	5002 NW 35th St		
				83			
				84 City	FL	85 Zip Code	33319

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: *Armand Pazdur* ARMAND PAZDUR, PRESIDENT 1-6-99
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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Addition
NAME	SILVER, MOLLIE	1.2 NAME	LAWRENCE P. BROWN
STREET ADDRESS	5002 NW 35 ST	1.3 STREET ADDRESS	5002 NW 35th St
CITY-ST-ZIP	LAUDERDALE LAKES FL	1.4 CITY-ST-ZIP	LAUDERDALE LAKES FL
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAZDUR, ARMAND	2.2 NAME	
STREET ADDRESS	5002 N.W. 35TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORISSETTE, RITAEON	3.2 NAME	
STREET ADDRESS	5002 N.W. 35TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	3.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Addition
NAME	WOLIN, ETHEL	4.2 NAME	LEON WASSERBERGER
STREET ADDRESS	5002 NW 35 ST	4.3 STREET ADDRESS	5002 NW 35th St
CITY-ST-ZIP	LAUDERDALE LAKES FL	4.4 CITY-ST-ZIP	LAUDERDALE LAKES FL
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, GERT	5.2 NAME	
STREET ADDRESS	5002 NW 35 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VD <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	IRWIN ARMSTRONG
STREET ADDRESS		6.3 STREET ADDRESS	5002 NW 35th St
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LAUDERDALE LAKES FL

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, with all other like empowered.

SIGNATURE: *Armand Pazdur* ARMAND PAZDUR 1-6-99 954-676-5289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)