


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90026 028 ****61.25

DOCUMENT # 720889

1. Entity Name
 USNEE GARDENS CONDOMINIUM, INC.



94018058

Principal Place of Business
 5002 NW 35 ST.
 LAUDERDALE LAKES, FL 33319

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



2. Principal Place of Business
 7100 W. Commercial Blvd.
 Suite, Apt. #, etc.
 Suite 107
 City & State
 Lauderhill FL
 Zip
 33319
 Country
 USA

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

01052004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-1446322

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CULOTTA, STEVE
 8051 W MC NAB RD
 FORT LAUDERDALE, FL 33321

7. Name and Address of New Registered Agent
 Name
 Ambassador Community Mgmt., Inc.
 Street Address (P.O. Box Number is Not Acceptable)
 7100 W. Commercial Blvd.
 Suite 107
 City
 Lauderhill FL Zip Code
 33319

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 *Steve Culotta* Steve Culotta, President 1/28/2004
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, 2004

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	POLMAR, ABE	
STREET ADDRESS	5002 NW 35 ST	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RONDEAU, ANDRE	
STREET ADDRESS	5002 N.W. 35TH ST	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WASSERBENGER, LEON	
STREET ADDRESS	5002 NW 35 ST	
CITY-ST-ZIP	LAUDERDALE LAKES, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ARMSTRONG, GERT	
STREET ADDRESS	5002 NW 35 ST	
CITY-ST-ZIP	LAUDERDALE LAKES, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVID, BARELAY	
STREET ADDRESS	5002 NW 35 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marc Lemieux	
STREET ADDRESS	5002 NW 35 Street, #110	
CITY-ST-ZIP	Lauderdale Lakes, FL 33319	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #