


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90049 021 \*\*\*\*61.25

<b>DOCUMENT # 720889</b>				
1. Entity Name USNEE GARDENS CONDOMINIUM, INC.				
Principal Place of Business 7100 W. COMMERCIAL BLVD. SUITE 107 LAUDERHILL, FL 33319		Mailing Address 7100 WEST COMMERCIAL BLVD SUITE 107 LAUDERHILL, FL 33319		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
AMBASSDOR COMMUNITY MGMT., INC. 7100 W. COMMERCIAL BLVD. SUITE 7 LAUDERHILL, FL 33319		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City	FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD POLMAR, ABE <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS	5002 NW 35 ST	STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319	CITY-ST-ZIP		
TITLE	VPD RONDEAU, ANDRE <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	Rondeau, Andre	
STREET ADDRESS	5002 N.W. 35TH ST	STREET ADDRESS	5002 N.W. 35th St. #107	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319	CITY-ST-ZIP	Lauderdale Lakes, FL 33319	
TITLE	SD ARMSTRONG, GERT <input checked="" type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		NAME	Williams, Ronald G.	
STREET ADDRESS	5002 NW 35 ST	STREET ADDRESS	5002 N.W. 35th St #305	
CITY-ST-ZIP	LAUDERDALE LAKES, FL	CITY-ST-ZIP	Lauderdale Lakes FL 33319	
TITLE	PD DAVID, BARELAY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS	5002 NW 35 STREET	STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319	CITY-ST-ZIP		
TITLE	VPD LEMIEUX, MARC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS	5002 NW 35 STREET #110	STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		NAME	Morandi, Gionni	
STREET ADDRESS		STREET ADDRESS	5002 N.W. 35th St #204	
CITY-ST-ZIP		CITY-ST-ZIP	Lauderdale Lakes, FL 33319	
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: <u>[Signature]</u>		Date: <u>1/25/2005</u> Daytime Phone #: <u>954-741-8811</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				

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4. FEI Number 59-1446322 Applied For Not Applicable

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