


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90084 019 ****61.25

DOCUMENT # 720889			
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 - No P.O. Box #		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>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONDEAU, ANDRE	NAME	Boily, Ghislain
STREET ADDRESS	5002 NW 35TH ST. #107	STREET ADDRESS	5002 NW 35 th St. #105
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319	CITY-ST-ZIP	Lauderdale Lakes, FL 33319
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	SDT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, RONALD G	NAME	Lemieux, Francoise
STREET ADDRESS	5002 NW 35TH ST #305	STREET ADDRESS	5002 NW 35 th St. #110
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319	CITY-ST-ZIP	Lauderdale Lakes, FL 33319
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARCLAY, DAVID	NAME	Stephen Butcher
STREET ADDRESS	5002 NW 35 ST 305	STREET ADDRESS	5002 NW 35 street
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319	CITY-ST-ZIP	Lauderdale Lakes, FL 33319
TITLE	VPD <input type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMIEUX, MARC	NAME	
STREET ADDRESS	5002 NW 35 STREET #110	STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORANDI, GIONNI	NAME	
STREET ADDRESS	5002 NW 35TH ST #204	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Ghislain Boily</i>		Date: <i>March 2 2007</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	