

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90065 039 ****61.25

DOCUMENT # 722773

1. Entity Name
DOGWOOD GARDENS CONDOMINIUM, INC.



Principal Place of Business
**7100 W. COMMERCIAL BLVD.
SUITE 107
LAUDERDALE LAKES, FL 33319 US**

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

40024236



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMBASSADOR COMMUNITY MANAGEMENT INC
7100 W. COMMERCIAL BLVD.
SUITE 107
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

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, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LISS, BAMBI
5108 NW 35TH ST, # 404
FORT LAUDERDALE, FL 33319** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2VP
Stern, Debra
5103 NW 35th St. # 601
Lauderdale Lakes, FL 33319** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
BEHRENDT, PATRICIA
5103 NW 35 ST., #410
LAUDERDALE LAKES, FL 33319** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Sec.
Starmer, Grace
5103 NW 35th St. #405
Lauderdale Lakes, FL 33319** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
FALLER, EDWARD
5103 NW 35TH ST #508
LAUDERDALE LAKES, FL 33319** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
marina, David
5103 N.W. 35 St. # 406
Lauderdale Lakes, FL 33319** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
SCHWARTZ, CHARLIE
5103 NW 35TH ST, # 510
FORT LAUDERDALE, FL 33319** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
KANNER, GIVLIA
5103 NW 35TH ST, # 501
FORT LAUDERDALE, FL 33319** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
IVP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #