

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90006 027 ****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

DO NOT WRITE IN THIS SPACE



02042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMBASSADOR COMMUNITY MANAGEMENT INC
7100 W. COMMERCIAL BLVD.
SUITE 107
LAUDERHILL, FL 33319

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IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE 2VP
NAME STERN, DEBRA
STREET ADDRESS 5103 NW 35TH ST #601
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE S
NAME STARMER, GRACE
STREET ADDRESS 5103 NW 35TH ST #405
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE T
NAME MARINA, DAVID
STREET ADDRESS 5103 N.W. 35ST #406
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE 1VP
NAME KANNER, GIVLIA
STREET ADDRESS 5103 NW 35TH ST, # 501
CITY-ST-ZIP FORT LAUDERDALE, FL 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Bambi Liss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #