

FILE NOW: FILING FEE IS \$61.25

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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726031** (8)

1. Corporation Name

ROSE GARDENS CONDOMINIUM INC

Principal Place of Business

Mailing Address

**C/O HAWAIIAN GARDENS PHASE 7
4705 N.W. 35 STREET
LAUDERDALE LAKES FL 33319**

**C/O HAWAIIAN GARDENS PHASE 7
4705 N.W. 35 STREET
LAUDERDALE LAKES FL 33319**



3. Date Incorporated or Qualified

04/07/1973

4. FEI Number

59-1537965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAWAIIAN GARDENS PHASE 7 ASSOCIATION
4705 N.W. 35TH ST.
LAUDERDALE LAKES FL 33319**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **KLARMAN, MARTY**
CITY-ST-ZIP **3501 N W 47TH AVENUE
LAUDERDALE LAKES, FL 33319**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **KLARMAN, BELLA**
CITY-ST-ZIP **3501 NW 47TH AVE.
LAUDERDALE LKS, FL 33319**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **GRENIER, HERBERT D**
CITY-ST-ZIP **3501 NW 47TH AVENUE
LAUDERDALE LAKES, FL 33319**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **GOLDSMITH, EDITH**
CITY-ST-ZIP **3501 N W 47TH AVENUE
LAUDERDALE LAKES, FL 33319**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **Evelyn Hudon**
STREET ADDRESS **3501 NW**
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Evelyn Hudon**
5.3 STREET ADDRESS **3501 NW 47th Avenue**
5.4 CITY-ST-ZIP **Lauderdale Lakes, FL 33319**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 for trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edith Goldsmith, Pres.

January 23, 1998 954-184-3527

CR2E037 (10/97)