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03-12-1999 90018 004 ***306.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726031

1. Corporation Name

ROSE GARDENS CONDOMINIUM INC

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE ☒ **TD** ☐ DELETE

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

TITLE ☒ **SD** ☐ DELETE

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

TITLE ☒ **SD** ☒ DELETE

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

TITLE ☒ **P** ☐ DELETE

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

TITLE ☒ **V** ☒ DELETE

NAME **HUDON, EVELYN**
STREET ADDRESS **3501 NW 47TH AVE**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

TITLE ☐ ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Vice Director
Matty Bouer
3501 NW 47th Avenue
Lauderdale Lakes, FL 33319

Vice Director
Larry Goldsmith
3501 NW 47th Ave

Vice Director
Yvon Pelletier
3501 NW 47th Ave
Lauderdale Lakes, FL 33319

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(m), 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 or 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99

Date

954-484-3522

Daytime Phone #

CR2F037 (11/98)