


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90339 001 ***306.25

DOCUMENT # 726031 1. Entity 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1537965	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HAWAIIAN GARDENS PHASE 7 ASSOCIATION 4705 N.W. 35TH ST. LAUDERDALE LAKES, 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 NAME STREET ADDRESS CITY-ST-ZIP	TD HOULD, GUY 3501 N W 47TH AVENUE LAUDERDALE LAKES, FL 33319		TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAYMOND LARIVIERE SAME AS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DESORSHERS, GLEASON 3501 NW 47TH AVE. LAUDERDALE LKS., FL 33319		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GISELE MICHAUD SAME AS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEINPRESS, JUDY 3501 NW 47TH AVENUE LAUDERDALE LAKES., FL 33319		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOCELYN BELANGER 3501 NW 47TH AVENUE LAUDERDALE LAKES FL 33319	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELANGER, JOCELYNE 3501 NW 47 AVENUE LAUDERDALE LAKES., FL 33319		TITLE NAME STREET ADDRESS CITY-ST-ZIP	LISE THERRIEN SAME AS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THERRIEN, LISE 3501 NW 47TH AVE LAUDERDALE LAKES, FL 33319		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANNE-MARIE VACKON SAME AS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>JOCELYNE BELANGER</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-3-07 954-484-3522 <small>Date Daytime Phone #</small>		

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