


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90032 044 ****70.00

DOCUMENT # 726932					
1. Entity Name NORTH GARDEN CONDOMINIUM OF DEERFIELD BEACH, INC.					
Principal Place of Business 700 SOUTHEAST SIXTH AVE. DEERFIELD BEACH, FL 33441		Mailing Address 700 SOUTHEAST SIXTH AVE. DEERFIELD BEACH, FL 33441			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1499683	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
POLIAKOFF, GARY A J.D. BECKER A. POLIAKOFF, P.A. 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ (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. <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	P <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TIERNEY, GAIL	NAME	MARY DeVeaux		
STREET ADDRESS	700 SE 6 AVE 113	STREET ADDRESS	700 SE 6 AVE #111		
CITY-ST-ZIP	DEERFIELD BCH, FL 33441	CITY-ST-ZIP	DEERFIELD BEACH FL 33441		
TITLE	V <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HEDGES, HAROLD	NAME	Virginia Page		
STREET ADDRESS	700 SE 6TH AVE, #202	STREET ADDRESS	700 SE 6 AVE. 217		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		
TITLE	X D <input type="checkbox"/> Delete	TITLE			
NAME	GROVER, TIMOTHY	NAME			
STREET ADDRESS	700 SE. 6TH AVE #214	STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	CITY-ST-ZIP			
TITLE	X T <input type="checkbox"/> Delete	TITLE			
NAME	DEBERRY, JAMES	NAME			
STREET ADDRESS	700 SE 6 AVE 109	STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	BASTEDENBECK, DON	NAME			
STREET ADDRESS	700 SE 6 AVE 207	STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE			
NAME	SHEPPERD, JONI	NAME			
STREET ADDRESS	700 SE 6 AVE 103	STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	CITY-ST-ZIP			

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: GAIL TIERNEY President 4.6.08 954 426 2650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
GAIL TIERNEY