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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996
DOCUMENT #

746386

(2)

| SUZANNE GARDEN APARTMENTS CONDOMINIUM, INC. | | | | | | ANN ANAN ANAN ANAN AN | BILL BARAK BUĞUL KADL |
|---|--|--|---|-------------------|---|-------------------------|--------------------------|
| Principal Place of Business | | Mailing Address | | | | Biil Jar Dian (iii ii k | |
| | | 2225 MONROE STREET HOLLYWOOD FL 33020 | | | | | |
| | | | | | 3. Date Incorporated or Qualified 03/22/1979 | 3a. Date of Las | , |
| 2. Principal Pi | ace of Business | 2a. Mailing Address | · | | 4. FEI Number | 10/13/ | Applied For |
| 21 | | 26 | | | 59-1972396 | ļ | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | 1 1 | 5 Additional Required |
| City & State | | City & State | | - | 6. Election Campaign Financing | | 00 May Be |
| 23 | | 28 | | | Trust Fund Contribution | | led to Fees |
| Zφ | Country | Zip | Country | | 8. This corporation has liability for int | | s. 199.032, |
| 24 | 25 9. Name and Address of Curre | 29 ant Booktored Apont | 30 | | | Yes No | |
| | 3. Name and Address of Curre | int Registered Agent | 81 Name | | 10. Name and Address of New Reg | gistered Agent | |
| UADDEV | ODE JOUR | | o name | \mathcal{O} | ISETT, DAVID | | |
| HARDEKOPF, JOHN 2225 MONROE ST B2 Street Address | | | | | (P.O. Box Number is Not Acceptable) | her- | |
| HOLLYWOOD FL 33020 | | | | | 1100 COC 3/PA | ec 1 | |
| ((000 | 7000 1 0 00020 | | 0 | <u>)</u> | | | |
| | | | 84 City | 111 | wood | FI 85 Z | වදින්දීව |
| 11. Pursuant t | to the provisions of Sections 617.050 | 2 and 617.1508, Florida Statutes, | the above-named co | corporation | n submits this statement for the purpor directors. I hereby accept the appoin | ose of changing its | registered office |
| familiar wit | th, and accept the obligations of Sec | tion 617.0503, Florida Statutes. | by the corporation's | s board of | directors. I hereby accept the appoin | tment as registere | d agent. I am |
| SIGNATURE _ | $AVV \hookrightarrow A$ | eu | | | 3141 | 196 | |
| 12. | Signature typed or printed name of registered agen | nt and title if applicable. (NOTE: ND DIRECTORS | Registered Agent signature r | required whe | | DATE | |
| TITLE | DST | DELETE | 13. 1.1 TITLE | 17/100 | ADDITIONS/CHANGES TO OFFICE | ERS AND DIRECTO | ORS IN 12 Addition |
| NAME | PAPAS, ELAINE | × | 1.2 NAME | 1314 | SIT TAIL D | | XXXXXIII |
| STREET ADDRESS | 2225 MONROE ST B-4 | | 1.3 STREET ADDRESS | 222 | SHOUROF STREET | B-3 | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | _ | 1.4 CITY - ST - ZIP | Itol | LYWOUD, FL 330 = | 10 | |
| Trile | VP | DELETE | 2 1 TITLE | | -PRESIDENT | Change | Addition |
| NAME | DRUMMOND, LOLA | / \ | 2 2 NAME | HAR | DEKOPF JOHN | | |
| STREET ADDRESS | 2225 MONROE ST B-6 | | 2 3 STREET ADDRESS | 220 | DEKOF, JUHN 25 MONDOE STREET | A-2 | i |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | | 2. 4 CiTY - ST - ZiP | Ito | LLYWOOD, FL 330 | 20 | |
| TITLE | DP | DELETE | 3 1 TITLE | TRE | DE MODIROE STREET LY WOOD, FL 330 154RER SECRETARY DE THE HEYER DE MONROL STREE | RECTON Change | Addition |
| NAME STREET ADDRESS | HARDEKOPF, JOHN | | 3 2 NAME | (-164 | the the MEYER | PETER | |
| CITY-ST-ZIP | 2225 MONROE HOLLYWOOD FL 33020 | | 3.3 STREET ADDRESS | ولاي ا درما (| IS MONROL STREET | 7,0-3 | |
| TITLE | HOLLIWOOD I L 33020 | DELETE | 3.4. CITY-ST-ZIP 4.1 TITLE | | W/WOOD, FL 3305 | L Ø ☐ Change | Addition |
| NAME | | - | 4. 2 NAME | DAD | ECTOR ' | <u> Попанде</u> | M KOOMION |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | 1555 | AS, ELAINE ST, B. | -4 | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | Ha | LYWOOD, FL 330 | 20 | |
| TITLE | | DELETE | 5.1 TITLE | TYRS | CIOR | ☐ Change | Addition |
| NAME | | | 5.2 NAME | DRU | IMMOND, LOLA | _ | |
| STREET ADDRESS | | | 5 3 STREET ADDRESS | 333 | LYWOOD, FL 33U CAOR IMMOND LOLA DS MUNKOE ST, B | -6 | |
| CITY-ST-ZIP | | | 5.4 C/TY-S1-Z/P | 1101 | LYWOOD, Fr. 330 | 3 G 8 | |
| TIFLE | | □ DELETE | 6.1 TITLE | } | • | Change | ☐ Addition |
| NAME STREET ADDRESS | | | 6 2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP 14. I do hereby | certify that the information supplied | with this filing is voluntarily furnishe | 6.4 CITY - ST-ZIP ed and does not qua | L | exemption stated in Section 119.07 | 21/LA Florido Para d | ton I further |
| oath; that i | | pai report or supplemental annual Pration or the receiver or trustee el | report is true and aci mpowered to execute | | id that my signature shall have the sar ort as required by Chapter 617, Florid | | |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96 (954)923-7162