FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

(2)

SUZANNE GARDEN APARTMENTS CONDOMINIUM, INC.

Principal Place of Business Mailing Address					III. AIBR AIDII BIBII BEBII DIBII DIBII
2225 MONROE HOLLYWOOD F		2225 MONROE STREET HOLLYWOOD FL 33020-701	4		
	_			3. Date Incorporated or Qualified 03/22/1979	3a. Date of Last Report 04/05/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 59-1972396	Applied For
21	W - 12	26]		59-1972390	Not Applicable
Sulte, Apt.	<u> </u>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zıp	Country	8. This corporation has liability for i	
[4]	9. Name and Address of Current		[30]	10. Name and Address of New Re	
			81 Name	jo. Hame and Places of Her Ite	giotorou rigotti
BISSETT	DAVID		20 0:		
2225 MONROE STREET			82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
SUIT EB			83		
HOLLYW	OOD FL 33020		84 City		85 Zip Code
44 6					FL T
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of Sections of Sections 617.0502	: and 617.1508, Florida Statute of Florida. Such change was a	es, the above-named cor authorized by the corpora	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered If the appointment as registered
	m lamiliar with, and accept the obliga	ions of, Section 617.0503, Fig	rida Statutes.		
SIGNATURE .	Signature, typed or printed name of registered agen	I and title if applicable. (NOT)	: Registered Agent signature requ	vired when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BISSETT, DAVID		1.2 NAME		
STREET ADDRESS	2225 MONROE STREET B-3		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY+ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		Change Addition
NAME	HARDEKORP, JOHN		2.2 NAME		
STREET ADDRESS	2225 MONROE STREET A-2		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		2 4 CITY-ST-ZIP		
TITLE	TSD	☐ DELETE	31 TITLE		Change Addition
NAME	MEYER, PETER		3.2 NAME		
STREET ADDRESS	2225 MONROE STREET B-3		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL D	Driere	3.4. CITY - ST - ZIP		
TITLE	PAPAS, ELAINE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	2225 MONROE STREET B-4		4. 2 NAME		
STREET ADDRESS	HOLLYWOOD FL		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D TOLLINOOD FL	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME	DRUMMOND, LOLA	C presit	5.2 NAME		C cuanda C Magaanii
STREET ADDRESS	2225 MONROE STREET B-6		5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME		the Carrie	6.2 NAME		T Avenige T Leaguing
STREET ADDRESS			6.3 STREET AODRESS		
ACTO AT TIP			U.S STREET MUDRESS		

14. I do 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block to or Block to if changed, eyon an attachment with an address.

FILED

Jun 20 1997 8:00am

Secretary of State