

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 758133 (3)**  
1. Corporation Name  
**TAMARAC GARDENS CONDOMINIUM NO. 1 ASSOCIATION, I NC.**



Principal Place of Business Mailing Address  
C/O SUMMIT PROPERTY MANAGEMENT P.O. BOX 189013 PLANTATION FL 33318  
C/O SUMMIT PROPERTY MANAGEMENT P.O. BOX 189013 PLANTATION FL 33318

3. Date Incorporated or Qualified **11/19/1981** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-2147819** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent  
**SUMMITT PROPERTY MANAGEMENT, INC.  
6289 W SUNRISE BLVD  
SUITE 202  
SUNRISE FL 33313**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<del>D</del> <input checked="" type="checkbox"/> DELETE
NAME	<del>IRWIN, GREEN</del>
STREET ADDRESS	<del>9925 N.W. 68TH PLACE, SUITE 104</del>
CITY-ST-ZIP	<del>TAMARAC FL</del>
TITLE	<del>TSD</del> <input type="checkbox"/> DELETE
NAME	GOLDBERG, JEROME
STREET ADDRESS	9925 NW 68TH PL, #206
CITY-ST-ZIP	TAMARAC FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	BOLOGNO, LOUIS
STREET ADDRESS	9925 NW 68TH PL., #202
CITY-ST-ZIP	TAMARAC FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	D'ANGELO, LUCILLE
STREET ADDRESS	9925 NW 68TH PL., #201
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	SD <input type="checkbox"/> DELETE
NAME	SCHECTER, ISABELLE
STREET ADDRESS	9925 NW 68 PL #102
CITY-ST-ZIP	TAMARAC FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TODARO, JOSEPHINE
STREET ADDRESS	9925 NW 68TH PLACE
CITY-ST-ZIP	TAMARAC FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Louis Bologno 4/1/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)