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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 33318-9013

3. Date Incorporated or Qualified 11/19/1981 3a. Date of Last Report 04/30/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2147819 Applied For Not Applicable
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 Zip 25 Country 29 Zip 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
SUMMITT PROPERTY MANAGEMENT, INC.
6289 W SUNRISE BLVD
SUITE 202
SUNRISE FL 33313
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 4450 W Sunrise Blvd
83 Suite 100-C
84 City Plantation FL 85 Zip Code 33318

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLOGNO, LOUIS	1.2 NAME	
STREET ADDRESS	9925 NW 68TH PL., #202	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ANGELO, LUCILLE	2.2 NAME	
STREET ADDRESS	9925 NW 68TH PL., #201	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHecter, ISABELLE	3.2 NAME	
STREET ADDRESS	9925 NW 68 PL #102	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TODARO, JOSEPHINE	4.2 NAME	Bush, Robert
STREET ADDRESS	9925 NW 68TH PLACE	4.3 STREET ADDRESS	9925 N.W. 68th Place #110
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jerome Goldberg, Treasurer 1/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036761

CFR2037 (9/96)