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Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 758133

1. Corporation Name
TAMARAC GARDENS CONDOMINIUM NO. 1 ASSOCIATION, I NC.

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|---|---|
| Principal Place of Business C/O CASTLE GROUP P.O. BOX 189013 PLANTATION FL 33318 US | Mailing Address C/O CASTLE GROUP P.O. BOX 189013 PLANTATION FL 33318 US |
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|---|--|---|--|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | 3. Date Incorporated or Qualified 11/19/1981 | 4. FEI Number 59-2147819 Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|--|--|---|

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|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent SUMMITT PROPERTY MANAGEMENT, INC. 4450 W SUNRISE BLVD STE 100 C PLANTATION FL 33318 | | 10. Name and Address of New Registered Agent 81 Name Castle Property Svc. Group Inc. 82 Street Address (P.O. Box Number Not Acceptable) 83 84 City FL 85 Zip Code | | | |
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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]* *Gami H. Sargunette Vice President - Admin. 1/5/99*
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 <input checked="" type="checkbox"/> DELETE | TD BOLOGNO, LOUIS 9925 NW 68TH PL., #202 TAMARAC FL | 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | TD Haber, Elaine 9925 NW 68th Pl #101 TAMARAC, FL |
| TITLE <input type="checkbox"/> DELETE | VD D'ANGELO, LUCILLE 9925 NW 68TH PL. #201 TAMARAC FL 33321 | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE <input type="checkbox"/> DELETE | SD SCHECTER, ISABELLE 9925 NW 68 PL #102 TAMARAC FL | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE <input type="checkbox"/> DELETE | PD BUSH, ROBERT 9925 NW 68TH PL #110 TAMARAC FL | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE <input checked="" type="checkbox"/> DELETE | VD GOLDBERG, JEROME 9925 NW 68TH PL #206 TAMARAC FL | 5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | D Costa, Marjorie 9925 NW 68th Pl #105 TAMARAC, FL |
| TITLE <input type="checkbox"/> DELETE | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

14. I 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, with all other like empowered.

SIGNATURE: *Robert Bush* **REQUIRED** *Robert Bush, Pres. 1/12/99 (954) 792-6000*
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)