

# 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 # 758134 (1)**  
1. Corporation Name  
**TAMARAC GARDENS PROPERTY OWNERS ASSOCIATION, INC**



Principal Place of Business Mailing Address  
**6289 W SUNRISE BLVD #202** **6289 W SUNRISE BLVD #202**  
**SUNRISE FL 33313** **SUNRISE FL 33313**

3. Date Incorporated or Qualified **11/19/1981** 3a. Date of Last Report **03/28/1995**  
4. FEI Number **59-2147822** 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**  
6. 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 24 Country 25 Zip 29 Country 30

## 9. Name and Address of Current Registered Agent

**SUMMIT PROPERTY MGMT, INC**  
**6289 W SUNRISE BLVD #202**  
**SUNRISE 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

Signature, typed or printed name of registered agent and title if applicable:

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D'ANGELO, LUCILLE</b>	1.2 NAME	
STREET ADDRESS	<b>9925 NW 68TH PL #201</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHUSTER, PAUL</b>	2.2 NAME	
STREET ADDRESS	<b>9740 W MCNAB RD #111</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COSTA, JIM</b>	3.2 NAME	
STREET ADDRESS	<b>9549 W. MCNAB ROAD, 103</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERST, MILDRED</b>	4.2 NAME	
STREET ADDRESS	<b>9610 W. MCNAB RD #203</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANSELM, ANITA</b>	5.2 NAME	
STREET ADDRESS	<b>9437 W. MCNAB RD #110</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HYDOSKI, FRAN</b>	6.2 NAME	
STREET ADDRESS	<b>9493 W. MCNAB RD #107</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/23/96*

Date

Daytime Phone #

CR2E037 (12/95)