

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 758134 (1)
1. Corporation Name
TAMARAC GARDENS PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business

6289 W SUNRISE BLVD #202
SUNRISE FL 33313

Mailing Address

6289 W SUNRISE BLVD #202
SUNRISE FL 33313-61543. Date Incorporated or Qualified
11/19/19813a. Date of Last Report
04/05/19964. FEI Number
59-2147822Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 40 Summit Prop Mgmt
Suite, Apt. #, etc.
22 PO BOX 189013
City & State
23 PLANTATION FLA
Zip
24 33318

2a. Mailing Address

26 40 Summit Prop Mgmt
Suite, Apt. #, etc.
27 PO BOX 189013
City & State
28 PLANTATION FLA
Zip
29 33318Country
30 USA

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)

4450 W GULF BLVD
C-100

84 City

PLANTATION

FL

85 Zip Code

33313

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.

Gail H. Sangunett, V.P. - Administration

2/7/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	D'ANGELO, LUCILLE	
STREET ADDRESS	9925 NW 68TH PL #201	
CITY - ST - ZIP	TAMARAC FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHUSTER, PAUL	
STREET ADDRESS	9740 W MCNAB RD #111	
CITY - ST - ZIP	TAMARAC FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COSTA, JIM	
STREET ADDRESS	9549 W. MCNAB ROAD, 103	
CITY - ST - ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERST, MILDRED	
STREET ADDRESS	9610 W. MCNAB RD #203	
CITY - ST - ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANSELM, ANITA	
STREET ADDRESS	9437 W. MCNAB RD #110	
CITY - ST - ZIP	TAMARAC FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HYDOSKI, FRAN	
STREET ADDRESS	9493 W MCNAB RD #107	
CITY - ST - ZIP	TAMARAC FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ABE FELDMAN	
1.3 STREET ADDRESS	9808 W. MCNAB RD #103	
1.4 CITY - ST - ZIP	TAMARAC, FL 33321	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ELIZABETH LAMAMA	
2.3 STREET ADDRESS	9692 W MCNAB RD #114	
2.4 CITY - ST - ZIP	TAMARAC, FL 33321	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BARBARA GOODMAN	
3.3 STREET ADDRESS	9509 W MCNAB RD #103	
3.4 CITY - ST - ZIP	TAMARAC, FL 33321	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	RD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ROGER GOSSELIN	
5.3 STREET ADDRESS	9741 W MCNAB RD #108	
5.4 CITY - ST - ZIP	TAMARAC, FL 33321	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/97 (954) 792-6000

Date Daytime Phone # 000-0000

CR2E037 (9/96)