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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 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
C/O SUMMIT PROPERTY MGMT. INC. P.O. BOX 189013 PLANTATION FL 33318 US	C/O SUMMIT PROPERTY MGMT. INC. P.O. BOX 189013 PLANTATION FL 33318 US

2. Principal Place of Business	2a. Mailing Address
21 C/o Castle Group Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	26 C/o Castle Group Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country

3. Date Incorporated or Qualified 11/19/1981	
4. FEI Number 59-2147822	Applied For <input type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
SUMMIT PROPERTY MGMT. INC. 4450 W SUNRISE BLVD C-100 PLANTATION FL 33313	

10. Name and Address of New Registered Agent	
81 Name	Castle Property Services Group, Inc.
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 Gail H. Sangunett Gail H. Sangunett, Vice President - Administration 1/7/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ANGELO, LUCILLE	1.2 NAME	
STREET ADDRESS	9925 NW 68TH PL #201	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	SHUSTER, PAUL	2.2 NAME	
STREET ADDRESS	9740 W MCNAB RD #111	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COSTA, JIM	3.2 NAME	RD FELDMAN, ABE
STREET ADDRESS	9549 W. MCNAB ROAD, 103	3.3 STREET ADDRESS	9808 W. McNab Rd. #103
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	TAMARAC FL
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERST, MILDRED	4.2 NAME	T.D GINSBERG, JERRY
STREET ADDRESS	9610 W. MCNAB RD #203	4.3 STREET ADDRESS	9850 W. McNab Rd. #213
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	TAMARAC, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANSELM, ANITA	5.2 NAME	
STREET ADDRESS	9437 W. MCNAB RD #110	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOSSELIN, ROGER	6.2 NAME	S.D LAMAMA, ELIZABETH
STREET ADDRESS	9741 W MCNAB RD., #108	6.3 STREET ADDRESS	9692 W. McNab Rd.
CITY-ST-ZIP	TAMARAC FL	6.4 CITY-ST-ZIP	TAMARAC FL

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.

SIGNATURE: Abe Feldman Abe Feldman, President 1/7/98 (954) 792-6000

CR2E037 (10/97)