

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 758134**

1. Entity Name

TAMARAC GARDENS PROPERTY OWNERS ASSOCIATION, INC**FILED****Feb 14, 2000 8:00 am**
Secretary of State

02-14-2000 90008 046 ****61.25

Principal Place of Business

Mailing Address

C/O CASTLE GROUP
P.O. BOX 189013
PLANTATION FL 33318
USC/O CASTLE GROUP
P.O. BOX 189013
PLANTATION FL 33318-9013
US

00013433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2147822

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Castle Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

~~CASTLE PROPERTY SERV~~**4450 W SUNRISE BLVD****C-100****PLANTATION FL 33313**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Gail H. Sangunett, Vice President**1/28/00**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	D'ANGELO, LUCILLE	9925 NW 68TH PL #201	TAMARAC FL				
VD	SHUSTER, PAUL	9740 W MCNAB RD #111	TAMARAC FL				
PD	COSTA, JAMES	9549 W. MCNAB RD	TAMARAC FL				
TD	GINSBERG, JERRY	9850 W MCNAB RD #213	TAMARAC FL				
D	ANSELM, ANITA	9437 W. MCNAB RD #110	TAMARAC FL				
SD	LAMAMA, ELIZABETH	9692 W MCNAB RD	TAMARAC FL				

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Costa, President **1/28/00** **(954) 792-6000**

Date

Daytime Phone #