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Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **758637** (3)

1. Corporation Name

**ORCHARD GARDEN CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

**13963 N.E. 3RD COURT  
NORTH MIAMI FL 33161**

**%ASSOCIATION MANAGEMENT  
8306 MILLS DR., SUITE 688  
MIAMI FL 33183**

3. Date Incorporated or Qualified

**06/03/1981**

4. FEI Number

**59-2162427**

Applied For

Not Applicable

2. Principal Place of Business

**21 Suite, Apt. #, etc.**

**22 City & State**

**23 Zip Country**

**24 25**

2a. Mailing Address

**26 % Association Mgmt Group Inc**

**27 Suite, Apt. #, etc.**

**28 10533 BISCAYNE BLVD #469**

**29 City & State**

**30 AVENTURA, FLA**

**31 Zip Country**

**32 33180-1529 USA**

5. Certificate of Status Desired

☒

**\$8.75 Additional**

**Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be**

**Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KREMEN, MARSHALL V  
% ASSOCIATION MANAGEMENT GROUP, INC.  
8306 MILLS DRIVE, SUITE 688  
MIAMI FL 33183**

81 Name

**KREMEN, MARSHALL V.**

82 Street Address (P.O. Box Number Is Not Acceptable)

**% Association Management Group Inc**

**83 10533 BISCAYNE BLVD #469**

84 City

**AVENTURA**

**FL**

85 Zip Code

**33180-1529**

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.*

**MARSHALL KREMEN**

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/10/98**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**DP  
BERGER, STU  
P.O. BOX 2155 N/A  
HALLANDALE FL 33008**

TITLE ☐ DELETE

**DS  
BALDIE, PAULETTE R  
8830 S.W. 10TH STREET  
PEMBROKE PINES FL 33025**

TITLE ☐ DELETE

**DVPS  
BEATAN, ABE  
P.O. BOX 2155  
HALLANDALE FL 33008**

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**1.2 NAME BERGER, STU**

**1.3 STREET ADDRESS N/A MAILING ADDRESS**

**1.4 CITY-ST-ZIP P.O. BOX 2155 HALLANDALE, FL 33008**

2.1 TITLE ☒ Change ☐ Addition

**2.2 NAME BALDIE, PAULETTE**

**2.3 STREET ADDRESS 8830 SW 10TH STREET**

**2.4 CITY-ST-ZIP PEMBROKE PINES, FLA 33025**

3.1 TITLE ☒ Change ☐ Addition

**3.2 NAME BEATAN, ABE**

**3.3 STREET ADDRESS N/A MAILING ADDRESS: P.O. BOX 2155**

**3.4 CITY-ST-ZIP HALLANDALE, FLA 33008**

4.1 TITLE ☐ Change ☒ Addition

**4.2 NAME SIHAYA, VINNY**

**4.3 STREET ADDRESS 13927 N.E. 3RD COURT**

**4.4 CITY-ST-ZIP NR MIAMI, FLA 33160**

5.1 TITLE ☐ Change ☒ Addition

**5.2 NAME BAUNERMAN, MELVIN**

**5.3 STREET ADDRESS 13925 NE 3RD COURT**

**5.4 CITY-ST-ZIP NR MIAMI FLA 33160**

6.1 TITLE ☐ Change ☒ Addition

**6.2 NAME NAILS, Debbie**

**6.3 STREET ADDRESS 13941 NE 3RD COURT**

**6.4 CITY-ST-ZIP NR MIAMI FLA 33160**

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 BEATAN** 2/10/98 (805) 9372175

CR2E037 (10/97)