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Apr 02 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 # 758637 (3)

1. Corporation Name
ORCHARD GARDEN CONDOMINIUM, INC.



Principal Place of Business
13963 N.E. 3RD COURT
NORTH MIAMI FL 33161

Mailing Address
%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	2a. Mailing Address	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
21 Suite, Apt. #, etc.	26 40A Association Mgmt Grp Inc	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22 City & State	27 10533 BISCAYNE BLVD #469	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
23 Zip	28 AVENTURA, FLA	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	
24 Country	29 33180-1529		
25	30 USA		

9. Name and Address of Current Registered Agent
KREMEN, MARSHALL V
% ASSOCIATION MANAGEMENT GROUP, INC.
8306 MILLS DRIVE, SUITE 688
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name	KREME N, MARSHALL V.
82 Street Address (P.O. Box Number Is Not Acceptable)	40A Association Management Group Inc
83 City & State	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: *Marshall Kremen* MARSHALL KREMEN DATE: 2/10/98

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BERGER, STU	
STREET ADDRESS	P.O. BOX 2155 N/A	
CITY-ST-ZIP	HALLANDALE FL 33008	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BALDIE, PAULETTE R	
STREET ADDRESS	8830 S.W. 10TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	BEATAN, ABE	
STREET ADDRESS	P.O. BOX 2155	
CITY-ST-ZIP	HALLANDALE FL 33008	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BERGER, STU
1.3 STREET ADDRESS	N/A MAILING ADDRESS
1.4 CITY-ST-ZIP	PO BOX 2155 HALLANDALE, FLA 33008
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BERTAN, ABE
3.3 STREET ADDRESS	N/A MAILING ADDRESS: PO BOX 2155
3.4 CITY-ST-ZIP	HALLANDALE, FLA 33008
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	P/D SIHAYA, JIMMY
4.3 STREET ADDRESS	13927 N.E 3rd COURT
4.4 CITY-ST-ZIP	NR MIAMI, FLA 33160
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SEC. 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: *Abbe Bertan* ABE BERTAN 2/10/98 (805) 9372175

CR2E037 (10/97)