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Apr 16, 2003 8:00 am
Secretary of State
03-31-2003 90317 040 ****61.25

PROFIT CORPORATION ANNUAL REPORT
2003

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000006522

1. Corporation Name

TIKAL CARU CONDO ASSOCIATION INC

Principal Place of Business	Mailing Address
552 N OCEAN BLVD POMPANO BEACH, FL 33062	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 552 N OCEAN BLVD	3. Date Incorporated or Qualified 12/26/02	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 04-3659161	Applied For Not Applicable
City & State 23	City & State 28 POMPANO BEACH	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 33062 / 30 BROWARD	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		7. This corporation owes the current year intangible Personal Property Tax.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALTER MORGAN 315 NE 3RD AVE #200 FT. LAUDERDALE, FL 33301	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT / DIRECTOR	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CHUCK ROSEN		1.2 NAME	
STREET ADDRESS	552 N OCEAN BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 33062		1.4 CITY-ST-ZIP	
TITLE	VP / DIRECTOR	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RALPH LIPSITZ		2.2 NAME	
STREET ADDRESS	552 N OCEAN BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 33062		2.4 CITY-ST-ZIP	
TITLE	SECRETARY / DIRECTOR	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ARLENE ROSEN		3.2 NAME	
STREET ADDRESS	552 N OCEAN BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		3.4 CITY-ST-ZIP	
TITLE	DIRECTOR	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	URI BERGER		4.2 NAME	
STREET ADDRESS	552 N OCEAN BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Arlene Rosen 3/21/03 954-432-9850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #