## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03157

FILED Feb 21, 2009 Secretary of State

Entity Name: TAMARAC GARDENS CONDOMINIUM NO. 9 ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business:

9835 N.W. 68TH PL

TAMARAC, FL 33321 US

Current Mailing Address: New Mailing Address:

C/O CASTLE GROUP P O BOX 559009

FORT LAUDERDALE, FL 333559009 US

FEI Number: 59-2493316 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THE LAW OFFICES OF KATZMAN & KORR, P.A. 1501 NORTHWEST 49TH STREET, SUITE 202 FORT LAUDERDALE, FL 33309 US

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:

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 SMALL, DOROTHY
 Name:
 SMALL, DOROTHY

 Address:
 9455 W MCNABB RD
 Address:
 9455 W MCNAB RD

 City-St-Zip:
 TAMARAC, FL 33321
 City-St-Zip:
 TAMARAC, FL 33321

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition Name: FULFARO, MILLIE SD (X) Change ( ) Addition Name: FULFARO, MILLIE

 Name
 FOLFARO, MILLIE
 Name
 FOLFARO, MILLIE

 Address:
 9489 WL MCNAB RD
 Address:
 9489 W MCNAB RD

 City-St-Zip:
 TAMARAC, FL
 City-St-Zip:
 TAMARAC, FL
 33321

Title: VD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 KATZ, KAREN
 Name:

 Address:
 9429 W MCNAT RD
 Address:

 City-St-Zip:
 TAMARAC, FL 33321
 City-St-Zip:

 Name:
 SCHACT, ANGELINA
 Name:
 TOMPKINS, SUSAN

 Address:
 9417 W. MCNAB ROAD
 Address:
 9431 W. MCNAB ROAD

 City-St-Zip:
 FORT LAUDERDALE, FL 33324
 City-St-Zip:
 TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A DONNELLY MGR 02/21/2009