

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30232 (5)

1. Corporation Name

TAMARAC GARDENS CONDOMINIUM NO. 5 ASSOCIATION, I
NC.

Principal Place of Business

Mailing Address

C/O SUMMIT PROPERTY MANAGEMENT
PO BOX 189013
PLANTATION, FL / 33318

C/O SUMMIT PROPERTY MANAGEMENT
PO BOX 189013
PLANTATION, FL / 33318



3. Date Incorporated or Qualified
01/18/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0171866

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMMITT PROPERTY MANAGEMENT, INC.
6289 W SUNRISE BLVD.
SUITE 202
SUNRISE 33313

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 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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PD~~ ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME CARP, MILTON
STREET ADDRESS 9728 W. MCNAB RD. #108
CITY-ST-ZIP TAMARAC FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME FURIA, SALVATORE
STREET ADDRESS 9726 W. MCNAB ROAD, 207
CITY-ST-ZIP TAMARAC FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ~~PD~~ ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME SHUSTER, PAUL
STREET ADDRESS 9740 W. MCNAB RD. #111
CITY-ST-ZIP TAMARAC FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ~~SC~~ ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME COHN, MAX
STREET ADDRESS 9706 W. MCNAB RD., #202
CITY-ST-ZIP TAMARAC FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Photo

Daytime Phone #

CR2E037 (12/95)