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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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./ 33318-9013

3. Date Incorporated or Qualified: 01/18/1989
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 4450 west Sunrise Blvd
83 Suite 100-C
84 City Plantation FL 85 Zip Code 33317 8

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 _____ 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	PTDC	☐ DELETE	1.1 TITLE	V. President	☑ Change ☐ Addition
NAME	CARP, MILTON		1.2 NAME		
STREET ADDRESS	9728 W. MCNAB RD. #108		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FURIA, SALVATORE		2.2 NAME		
STREET ADDRESS	9726 W. MCNAB ROAD, 207		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		2.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	3.1 TITLE	President/Treasurer	☑ Change ☐ Addition
NAME	SHUSTER, PAUL		3.2 NAME		
STREET ADDRESS	9740 W. MCNAB RD. #111		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COHN, MAX		4.2 NAME		
STREET ADDRESS	9706 W. MCNAB RD., #202		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Director	☐ Change ☑ Addition
NAME			5.2 NAME	Calamita, Frank	
STREET ADDRESS			5.3 STREET ADDRESS	9700 W. MCNAB Rd.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	TAMARAC, FL 33321	
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		

CR2E037 (9/96)

14. I do 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: Paul Shuster REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0036762