NONPROFIT . CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N30232

1. Corporation Name

TAMARAC GARDENS CONDOMINIUM NO. 5 ASSOCIATION, I NC.

Principal Place of Business C/O CASTLE GROUP PO BOX 189013 PLANTATION, FL./ 33318

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

Mailing Address C/O CASTLE GROUP PO BOX 189013 PLANTATION, FL./ 33318

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

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FILED Mar 22, 1999 8:00 am § Secretary of State

03-22-1999 90017 031 ****61.25



3. Date incorporated or Qualifed

5. Certifcate of Status Desired

01/18/1989

65-0171866

FEI Number

8. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 19. Name 19. Name and Address of New Registered Agent 19. Name 19	Zip	Country	Zip	Country	-	6. Election Campaign Financing			5.00 May Be	
CASTLE PROPERTY SERVICES INC. 4450 WEST SUNRISE BLVD SUITE 100C PLANTATION FL 33318 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Fiorida Statutes, the above-amend corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 617,0502, Priorida Statutes, the above-amend corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 617,0503. Florida Statutes, the above-amend corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 617,0503. Florida Statutes, the above-amend corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 617,0503. Florida Statutes, the above-amend corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 617,0503. Florida Statutes, the above-amend corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 617,0503. Florida Statutes, the above-amend corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 617,0503. Florida Statutes, the above-amend corporation submits this statement for the purpose of changing its registered deflored. I am familiar with a purpose of changing its registered deflored. I am familiar visual purpose of changing its registered deflored. I am familiar visual purpose of changing its registered deflored. I am familiar visual purpose of corporations board of directors. I hereby accept the appointment as registered deflored. I am familiar visual purpose of corporations board of directors. I hereby accept the purpose of corporations beared of directors. I here	24			<u>o]</u>				Added to Fees		
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4450 WEST SUNRISE BLVD SUITE 100C PLANTATION FL 33318 44 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 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, hyade or prised reams of registered agent and dise if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE PD OFFICERS AND DIRECTORS IN 13. TITLE CARP, MILTON 1.3 STREET ADDRESS STREET ADDRESS OFFICERS AND DIRECTORS IN 12 12.NAME 1.4 CITY-51-2P TAMARAC FL 1.4 CITY-51-2P TITLE STD DELETE 3.1 TITLE Change Addition PURIA, SALVATORE STD TAMARAC FL 3.2 NAME 3.3 STREET ADDRESS GIT-ST-2P TAMARAC FL 1.4 TITLE STD NAME COHN, MAX STREET ADDRESS STREET ADDRESS STREET ADDRESS TAMARAC FL 1.4 TITLE STD NAME COHN, MAX STREET ADDRESS			81	Name						
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MINISTER 1	CITY-ST-7IP									
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	14 I harabar	certify that the information supplied with	this filing does not qualify for t	he exempt	ion stated in	Section 119.07(3)(i), Florida Statutes.	I further cer	tify that the in	formation	

officer or director of the corporation or the receiver or trustee empowered to execute this report as require Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

IIRED Millon CARP

Applied For

\$8.75 Additional

Fee Required

Not Applicable