FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Mar 22, 1999 8:00 am
Secretary of State
03-22-1999 90017 031 ****61.25

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DOCUMENT # N30232

1. Corporation Name

TAMARAC GARDENS CONDOMINIUM NO. 5 ASSOCIATION, I NC.

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed: 01/18/1989

4. FEI Number: 65-0171866 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CASTLE PROPERTY SERVICES INC.
4450 WEST SUNRISE BLVD
SUITE 100C
PLANTATION FL 33318

10. Name and Address of New Registered Agent

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 _____ 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	PD	☐ DELETE	1.1 TITLE	☐ 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	STD	☐ DELETE	3.1 TITLE	☐ 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	VD	☐ 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	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LACALAMITA, FRANK		5.2 NAME	
STREET ADDRESS	9700 W. MCNAB RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL		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	

CR2E037 (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 617, 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: X _____ **REQUIRED** Milton Carp, President 2/25/55 (954) 792-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #