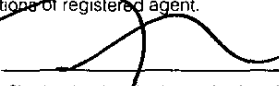
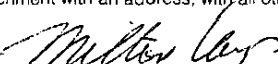


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90257 021 ****61.25

DOCUMENT # N30232 1. Entity Name TAMARAC GARDENS CONDOMINIUM NO. 5 ASSOCIATION, INC.					
Principal Place of Business C/O CASTLE GROUP PO BOX 189013 PLANTATION FL 33318 US			Mailing Address C/O CASTLE GROUP PO BOX 189013 PLANTATION FL 33318 US		
2. Principal Place of Business 9835 N.W. 68th A.		3. Mailing Address Suite, Apt. #, etc.			
City & State Tamarac, FL		City & State Suite, Apt. #, etc.		4. FEI Number 65-0171866	
Zip 33321		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTLE MANAGEMENT, INC 4450 WEST SUNRISE BLVD SUITE 100C PLANTATION FL 33318			7. Name and Address of New Registered Agent The Law Offices of Katzman & Korr, P.A. 1501 Northwest 49th Street, Suite 202 Fort Lauderdale, Florida 33309		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Ferren L. Korr, Esq. 04/26/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARP, MILTON 9728 W. MCNAB RD. #108 TAMARAC FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHUSTER, PAUL 9740 W. MCNAB RD. #111 TAMARAC FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COHN, MAX 9706 W. MCNAB RD., #202 TAMARAC FL	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Wooten, Shirley ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LACALAMITA, FRANK 9700 W. MCNAB RD TAMARAC FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Director 4/14/04 954-722-4712 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					