Tamarac Gardens

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State
05-12-2005 90248 023 ****61.25

DOCUMENT # N30232

1. Entity Name
TAMARAC GARDENS CONDOMINIUM NO. 5 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9835 N.W. 68TH PL TAMARAC, FL 33321 US	C/O CASTLE GROUP PO BOX 189013 PLANTATION, FL 33318 US

900051963

03082005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
	C/O CASTLE GROUP
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. BOX 559009
City & State	City & State FT. LAUDERDALE, FL
Zip / Country	Zip / Country 33355-9009

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASTLE MANAGEMENT, INC 4450 WEST SUNRISE BLVD SUITE 100C PLANTATION, FL 33318	Name: (CHANGE ADDRESS ONLY) Street Address (P.O. Box Number is Not Acceptable): 12270 SW 3RD STREET City: PLANTATION FL Zip Code: 33325

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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	TD CARP, MILTON 9728 W. MCNAB RD. #108 TAMARAC, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHUSTER, PAUL 9740 W. MCNAB RD. #111 TAMARAC, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD	☐ Change X ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WOOTEN, SHIRLEY 9706 W. MCNAB RD., #202 TAMARAC, FL	☐ Delete X	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COHN, MAX 9706 WEST MCNAB RD TAMARAC, FL 33321	☐ Change ☐ Addition X
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LACALAMITA, FRANK 9700 W. MCNAB RD TAMARAC, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☐ Change X ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Milton Carp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #