Tamarac Gardens Condominium No. 5 Association, Inc.

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State
05-19-2006 90026 040 ****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 559009 FORT LAUDERDALE, FL 33355-9009 US

40093261

04152006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

CASTLE MANAGEMENT, INC
12270 SW 3RD STREET
PLANTATION, FL 33325

7. Name and Address of New Registered Agent

Name: LAW OFFICES OF KATZMAN & KORR PA
Street Address (P.O. Box Number is Not Acceptable): ~~1501 NORTHWEST 49TH STREET~~ SUITE 202
City: FORT LAUDERDALE, FL **FL** Zip Code: 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: Perren L. Korr, Esq. 5/15/06
Signature, if changing registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SHUSTER, PAUL 9740 W. MCNAB RD. #111 TAMARAC, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LATZ, DALE 9708 W MCNAB RD, #103 TAMARAC, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COHN, MAX 9706 WEST MCNAB RD TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LACALAMITA, FRANK 9700 W. MCNAB RD TAMARAC, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD	☒ Change ☐ 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 exemptions contained in Chapter 119, 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 MILTON CARP PRES 5/4/06 954-593-3493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #