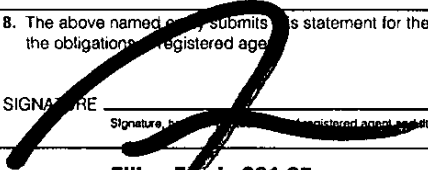
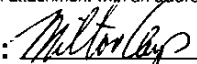


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90026 040 ****61.25

DOCUMENT # N30232					
1. Entity Name TAMARAC GARDENS CONDOMINIUM NO. 5 ASSOCIATION, INC.					
Principal Place of Business 9835 N.W. 68TH PL TAMARAC, FL 33321 US			Mailing Address C/O CASTLE GROUP PO BOX 559009 FORT LAUDERDALE, FL 33355-9009 US		
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			7. Name and Address of New Registered Agent		
CASTLE MANAGEMENT, INC 12270 SW 3RD STREET PLANTATION, FL 33325			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		
			Zip Code 33309		
8. The above named agent 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 the registered agent.					
SIGNATURE:  <u>Perren L. Korre, Esq.</u> <u>5/15/06</u> Signature of Registered Agent (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	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	VPD SHUSTER, PAUL 9740 W. MCNAB RD. #111 TAMARAC, FL	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	☒ 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:  <u>MILTON CARP PRES</u> <u>5/4/06</u> <u>954-593-3493</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40093261



04152006 Chg-NP CR2E037 (11/05)