


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0171866	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LAW OFFICES OF KATZMAN & KORR PA 1501 NW 49TH ST STE 202 FORT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD CARP, MILTON <input type="checkbox"/> Delete 9726 W. MCNAB RD. #108 TAMARAC, FL		TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD <input checked="" type="checkbox"/> Delete LATZ, DALE 9708 W MCNAB RD STE 103 TAMARAC, FL		TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WOOTEN, SHIRLEY 9722 W MCNAB RD #206 TAMARAC, FL 33321	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD <input type="checkbox"/> Delete COHN, MAX 9706 WEST MCNAB RD TAMARAC, FL 33321		TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD <input type="checkbox"/> Delete LACALAMITA, FRANK 9700 W. MCNAB RD TAMARAC, FL		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete <div style="text-align: center; font-size: 2em;">976/4</div>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SHUSTER, MINERVA 9740 W MCNAB RD #111 TAMARAC, FL 33321	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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</u> <u>5/4/07</u> <u>954-593-3493</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

07 MAY 23 PM 2:49

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

02152007 Chg-NP CR2E037 (12/06)