2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2009
Secretary of State

DOCUMENT# N30232

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

Current Principal Place of Business:

9835 N.W. 68TH PL
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

C/O CASTLE GROUP
PO BOX 559009
FORT LAUDERDALE, FL 333559009 US

New Mailing Address:

FEI Number: 65-0171866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAW OFFICES OF KATZMAN & KORR PA
1501 NW 49TH ST STE 202
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	CARP, MILTON,	
Address:	9728 W. MCNAB RD. #108	
City-St-Zip:	TAMARAC, FL	
Title:	SD	( ) Delete
Name:	WOOTEN, SHIRLEY	
Address:	9722 W MCNAB RD #206	
City-St-Zip:	TAMARAC, FL 33321	
Title:	TD	(X) Delete
Name:	COHN, MAX	
Address:	9706 WEST MCNAB RD	
City-St-Zip:	TAMARAC, FL 33321	
Title:	VPD	( ) Delete
Name:	LACALAMITA, FRANK	
Address:	9700 W. MCNAB RD	
City-St-Zip:	TAMARAC, FL	
Title:	D	( ) Delete
Name:	SHUSTER, MINERVA	
Address:	9740 W MCNAB RD #111	
City-St-Zip:	TAMARAC, FL 33321	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A DONNELLY MGR 02/21/2009

Electronic Signature of Signing Officer or Director — Date