

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90403 046 \*\*\*\*61.25

DOCUMENT # N96000003144

1. Entity Name  
LOTUS GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
4805 NW 35TH STREET  
LAUDERDALE LAKES, FL 33319

Mailing Address  
4805 NW 35TH STREET  
LAUDERDALE LAKES, FL 33319

50008229



2. Principal Place of Business  
7100 W. Commercial Blvd.

3. Mailing Address  
7100 W. Commercial Blvd.

Suite, Apt. #, etc.  
Ste. 107

Suite, Apt. #, etc.  
Ste. 107

01202006 Chg-NP CR2E037 (11/05)

City & State  
Lauderhill, FL

City & State  
Lauderhill, FL

4. FET Number  
65-0724351

Applied For  
Not Applicable

Zip  
33319

Country  
USA

Zip  
33319

Country  
USA

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

MLM PROPERTY MGMT CORP  
9900 W. SAMPLE RD STE 300  
POMPANO BEACH, FL 33065

Name  
Ambassador Community Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)  
7100 W. Commercial Blvd

Ste. 107

City  
Lauderhill

FL

Zip Code  
33319

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

Signature, typed or printed name of 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  
SD  
MILLER, JOAN  
4805 NW 35TH ST L 409  
FORT LAUDERDALE, FL 33319 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
Labrie, Hugette  
4805 NW 35th St. L412  
Lauderdale Lakes, FL 33319 ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
AUBERTIN, JACQUES  
4805 NW 16TH ST  
LAUDERDALE LAKES, FL 33319 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DENAULT, LISE  
4805 NW 35TH ST #L-410  
LAUDERDALE LAKES, FL 33319 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Marcoux, Jeannot  
4805 NW 35th St.,  
Lauderdale Lakes, FL 33319 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
QUEUILLON, ANDRE E  
4805 NW 35ST L-611  
FORT LAUDERDALE, FL 33319 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
COLOMBE, CAROL  
4805 NW 35TH ST L 406  
FORT LAUDERDALE, FL 33319 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
Jacob, Denis  
4805 NW 35th St. L412  
Lauderdale Lakes, FL 33319 ☐ 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:

*Andre E. Queuillon* AQUEUILLON

*March 23-06*

954-739-8760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #