

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2008 8:00 am**  
**Secretary of State**

04-08-2008 90016 013 \*\*\*\*61.25

**DOCUMENT # N96000003144**

1. Entity Name  
LOTUS GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
7100 WEST COMMERCIAL BLVD  
SUITE 107  
LAUDERHILL, FL 33319

Mailing Address  
7100 WEST COMMERCIAL BLVD  
SUITE 107  
LAUDERHILL, FL 33319



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
65-0724351

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

AMBASSADOR COMMUNITY MANAGEMENT, INC  
7100 WEST COMMERCIAL BLVD  
LAUDERHILL, FL 33319

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008**

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 SD  
NAME LABRIE, HUGETTE ☒ Delete  
STREET ADDRESS 4805 NW 35TH ST L 412  
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE TD  
NAME Denis, Normand ☐ Change ☒ Addition  
STREET ADDRESS 4805 NW 35th St., # L411  
CITY-ST-ZIP Laud. Lakes, FL 33319

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

TITLE D  
NAME Jacob, Denis ☐ Change ☒ Addition  
STREET ADDRESS 4805 NW 35th St., # L401  
CITY-ST-ZIP Laud. Lakes, FL 33319

TITLE VPD  
NAME MIKALINAS, DANIEL ☐ Delete  
STREET ADDRESS 4805 NW 35TH ST  
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

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

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

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

TITLE SD  
NAME VANDAL, ANDRE ☐ Delete  
STREET ADDRESS 4805 NW 35 ST.  
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/2008 934-741-8811