

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711370

(7)

1. Corporation Name

ST. ELIZABETH GARDENS, INC.



Principal Place of Business

Mailing Address

* OFFICE/HOUSING MANAGEMENT
3075 NW 35TH AVE
LAUDERDALE LKS FL 33311

* OFFICE/HOUSING MANAGEMENT
3075 NW 35TH AVE
LAUDERDALE LKS FL 33311

3. Date Incorporated or Qualified

08/18/1966

3a. Date of Last Report

03/09/1995

4. FEI Number

59-6194087

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FITZGERALD, J. PATRICK ESQ.
110 MERRICK WAY, STE 2-C
COAL GABLES FL 33134**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **STEIBEL, GARY R**
STREET ADDRESS **123 NW 6TH AVE**
CITY-ST-ZIP **HALLANDALE FL**

TITLE **TD** ☐ DELETE
NAME **MCCAUL, MICHAEL**
STREET ADDRESS **2251 YUCCA AVE.**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **VD** ☐ DELETE
NAME **ABELLO, EUGENE**
STREET ADDRESS **3601 NW SOUTH RIVER DR**
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE **PD** ☐ DELETE
NAME **QUINLIVAN, J. MARK**
STREET ADDRESS **5730 SW 74 ST., #300**
CITY-ST-ZIP **S. MIAMI FL**

TITLE **SD** ☐ DELETE
NAME **CONWAY, LAURENCE**
STREET ADDRESS **17775 NORTH BAY ROAD**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**2736 S.W. 7 AVENUE
MIAMI, FLA. 33129**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

Date

(305) 757-2824

Daytime Phone #

CR2E037 (12/95)