

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 24 PM 2:26

DOCUMENT # 715983 (3)

1. Corporation Name

FLORIDA GARDENS CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

134 OHIO ROAD (33467)  
P O BOX 6227  
LAKE WORTH FL 33466

134 OHIO ROAD (33467)  
P O BOX 6227  
LAKE WORTH FL 33466

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1969

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1162610

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

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

\$68.75 Supplemental  
Fees Not Required

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOHL, DONALD P.  
2315 S CONGRESS AVE.  
W. PALM BEACH FL 33406

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*Donald P. Kohl*

3-8-95

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

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HOTCHKISS, CAROL  
STREET ADDRESS 14 W COCONUT DR  
CITY-ST-ZIP LAKE WORTH FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  
NAME REESE, TEDJAY  
STREET ADDRESS 8 W GYPRESS RD  
CITY-ST-ZIP LAKE WORTH FL

2.1 TITLE  Change  Addition  
2.2 NAME V.D  
2.3 STREET ADDRESS TED SANDERS  
2.4 CITY-ST-ZIP 86 PLUMOSA LANE  
LAKE WORTH, FL. 33467

TITLE SD  
NAME SCHOECH, MARIA  
STREET ADDRESS DAYTON RD  
CITY-ST-ZIP LAKE WORTH FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD  
NAME KOHL, DONALD P.  
STREET ADDRESS 260 OHIO ROAD  
CITY-ST-ZIP LAKE WORTH FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Carol Hotchkiss*

3-8-95

407-965-3053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)