

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 715983 (3)**  
 1. Corporation Name  
**FLORIDA GARDENS CIVIC ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**134 OHIO ROAD (33467)** **134 OHIO ROAD (33467)**  
**P O BOX 6227** **P O BOX 6227**  
**LAKE WORTH FL 33466** **LAKE WORTH FL 33466**

3. Date Incorporated or Qualified **02/03/1969** 3a. Date of Last Report **03/24/1995**  
 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**  
 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.  
 22 City & State 27 City & State  
 23 Zip 28 Zip  
 24 Country 25 Country 29 Country 30 Country

**9. Name and Address of Current Registered Agent**  
**KOHL, DONALD P.**  
**2315 S CONGRESS AVE.**  
**W. PALM BEACH FL 33406**

**10. Name and Address of New Registered Agent**  
 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 *Donald P. Kohl* DATE **7-6-96**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

|                 |                             |  |
|-----------------|-----------------------------|--|
| TITLE           | PD                          | <input checked="" type="checkbox"/> DELETE |
| NAME            | <del>HOTCHKISS, CAROL</del> |  |
| STREET ADDRESS  | <del>14 W COCONUT DR</del>  |  |
| CITY - ST - ZIP | <del>LAKE WORTH FL</del>    |  |
| TITLE           | VO                          | <input checked="" type="checkbox"/> DELETE |
| NAME            | SANDERS, TED                |  |
| STREET ADDRESS  | 86 PLUMOSA LANE,            |  |
| CITY - ST - ZIP | LAKE WORTH FL               |  |
| TITLE           | SD                          | <input checked="" type="checkbox"/> DELETE |
| NAME            | SMOECHE, MARIA              |  |
| STREET ADDRESS  | DAYTON RD                   |  |
| CITY - ST - ZIP | LAKE WORTH FL               |  |
| TITLE           | TD                          | <input type="checkbox"/> DELETE            |
| NAME            | KOHL, DONALD P.             |  |
| STREET ADDRESS  | 260 OHIO ROAD               |  |
| CITY - ST - ZIP | LAKE WORTH FL               |  |
| TITLE           |                             | <input type="checkbox"/> DELETE            |
| NAME            |                             |  |
| STREET ADDRESS  |                             |  |
| CITY - ST - ZIP |                             |  |
| TITLE           |                             | <input type="checkbox"/> DELETE            |
| NAME            |                             |  |
| STREET ADDRESS  |                             |  |
| CITY - ST - ZIP |                             |  |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                     |                       |   |
|---------------------|-----------------------|---|
| 1.1 TITLE           | Pres./Dir.            | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME            | Robert Matyskiel      |   |
| 1.3 STREET ADDRESS  | 67 Spindale Rd.       |   |
| 1.4 CITY - ST - ZIP | Lake Worth, FL. 33467 |   |
| 2.1 TITLE           | V. Pres/Dir           | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            | Mike Galloway         |   |
| 2.3 STREET ADDRESS  | 48 Barberton Rd.      |   |
| 2.4 CITY - ST - ZIP | Lake Worth, FL. 33467 |   |
| 3.1 TITLE           | Sec.                  | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME            | Angela Yow            |   |
| 3.3 STREET ADDRESS  | 80 Akron Rd.          |   |
| 3.4 CITY - ST - ZIP | Lake Worth, FL.       |   |
| 4.1 TITLE           |                       |   |
| 4.2 NAME            | Same                  |   |
| 4.3 STREET ADDRESS  |                       |   |
| 4.4 CITY - ST - ZIP |                       |   |
| 5.1 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 5.2 NAME            |                       |   |
| 5.3 STREET ADDRESS  |                       |   |
| 5.4 CITY - ST - ZIP |                       |   |
| 6.1 TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald P. Kohl* DATE **7/9/96** DAYTIME PHONE # **561-968-1600**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)