

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **715983** (3)
 1. Corporation Name
FLORIDA GARDENS CIVIC ASSOCIATION, INC.



Principal Place of Business 134 OHIO ROAD (33467) P O BOX 6227 LAKE WORTH FL 33466	Mailing Address 134 OHIO ROAD (33467) P O BOX 6227 LAKE WORTH FL 33467	3. Date Incorporated or Qualified 02/03/1969
		4. FEI Number 59-1162610
		Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
24 Zip Country	29 Zip Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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 Sherry L HALE 82 Street Address (P.O. Box Number is Not Acceptable) 212 AKRON Rd. 83 84 City LAKE WORTH FL 85 Zip Code 33467
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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 Sherry L. Hale
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	MATYSKIEL, ROBERT <input type="checkbox"/> DELETE	1.1 TITLE PD	Robert Matyskiel <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 111 AKRON RD.	LAKE WORTH FL	1.2 NAME	111 AKRON Rd
CITY-ST-ZIP LAKE WORTH FL		1.3 STREET ADDRESS	LAKE WORTH FL 33467
TITLE VPD	GALLOWAY, MIKE <input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
STREET ADDRESS 98 BARBERTON RD	LAKE WORTH FL	2.1 TITLE V.P.D.	FORREST Eggleston <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP LAKE WORTH FL		2.2 NAME	62 WEST PALM AVE
TITLE S	YOW, ANGELA <input type="checkbox"/> DELETE	2.3 STREET ADDRESS	LAKE WORTH FL 33467
STREET ADDRESS 80 AKRON RD	LAKE WORTH FL	2.4 CITY-ST-ZIP	
CITY-ST-ZIP LAKE WORTH FL		3.1 TITLE S	Angela Yow <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	KOHL, DONALD P. <input checked="" type="checkbox"/> DELETE	3.2 NAME	90 AKRON Rd
STREET ADDRESS 260 OHIO ROAD	LAKE WORTH FL	3.3 STREET ADDRESS	LAKE WORTH FL 33467
CITY-ST-ZIP LAKE WORTH FL		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE Treasurer TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Sherry L HALE
STREET ADDRESS		4.3 STREET ADDRESS	212 AKRON Rd
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Sherry L. Hale 3-17-98

CR2E037 (10/97)