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**FILED**  
**Feb 11, 1999 8:00am**  
**Secretary of State**

02-11-1999 90038 026 \*\*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 715983**

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

29  
 P O BOX 6227  
 LAKE WORTH FL 33467  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

02/03/1969

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

9. Name and Address of Current Registered Agent

**HALE, SHERRY L**  
**212 AKRON RD**  
**LAKE WORTH FL 33467**

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

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  DELETE

NAME **PD MATYSKIEL**  
 STREET ADDRESS **111 AKRON RD**  
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE  DELETE

NAME **VPD EGGLESTON, FORREST**  
 STREET ADDRESS **62 W PALM AVE**  
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE  DELETE

NAME **S YOW, ANGELA**  
 STREET ADDRESS **80 AKRON RD**  
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE  DELETE

NAME **TD HALE, SHERRY L**  
 STREET ADDRESS **212 AKRON RD**  
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  Change  Addition

2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
 6.3 STREET ADDRESS  
 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)(i), 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, with all other like empowered.

SIGNATURE:

*Sherry L Hale*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99

965-6440

Date

Daytime Phone #

CR2E037 (1/98)