

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90089 033 ****61.25

DOCUMENT # 723337

1. Entity Name

GARDENIA CONDOMINIUM APARTMENTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

120 Anchor

Suite, Apt. #, etc.

3. Mailing Address

120 Anchor Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Key Largo, FL

City & State

Key Largo, FL

4. FEI Number

Applied For

Not Applicable

Zip

33037

Country

Zip

33037

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Evelyn Moss

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

120 Anchor Drive

City

Key Largo

FL

Zip Code

33037

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME Unipan, John
STREET ADDRESS 120 Anchor Drive
CITY- ST- ZIP Key Largo, FL 33037

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE VD
NAME Sanders, Robert
STREET ADDRESS 120 Anchor Drive
CITY- ST- ZIP Key Largo, FL 33037

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE SD
NAME Confort, Mary Jane
STREET ADDRESS 120 Anchor Drive
CITY- ST- ZIP Key Largo, FL 33037

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE POA
NAME Moss, Evelyn
STREET ADDRESS 120 Anchor Drive
CITY- ST- ZIP Key Largo, FL 33037

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CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Evelyn Moss

Evelyn MOSS 4-24-02 305-367-3232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)