

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724557 (4)

GARDENS 101, INC. THE



Principal Place of Business 100 ASPEN CRCL SEMINOLE FL 33777 US	Mailing Address 100 ASPEN CRCL SEMINOLE FL 33777 US
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3. Date Incorporated or Qualified 10/17/1972	
4. FEI Number 59-1426381	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent WEER, RALPH M 104 ASPEN CIRCLE SEMINOLE FL 33777	
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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.
Rev. Ralph M. Weer

SIGNATURE: *Ralph M Weer* DATE: **1-6-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WEER, RALPH M		1.2 NAME Zurbrick, Betty	
STREET ADDRESS 104 ASPEN CIR		1.3 STREET ADDRESS 204 Aspen Circle	
CITY-ST-ZIP SEMINOLE FL		1.4 CITY-ST-ZIP Seminole, FL	
TITLE T	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WESTCOTT, JAMES		2.2 NAME Thompson, Thomas	
STREET ADDRESS 205 ASPEN CIR		2.3 STREET ADDRESS 106 Aspen Circle	
CITY-ST-ZIP SEMINOLE, FL 00000		2.4 CITY-ST-ZIP Seminole, FL	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPENCER, MYRTLE		3.2 NAME	
STREET ADDRESS 116 ASPEN CIR		3.3 STREET ADDRESS	
CITY-ST-ZIP SEMINOLE FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MALONE, PATRICIA		4.2 NAME	
STREET ADDRESS 209 ASPEN CIR		4.3 STREET ADDRESS	
CITY-ST-ZIP SEMINOLE FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BURNETT, KARI		5.2 NAME	
STREET ADDRESS 219 ASPEN CIR		5.3 STREET ADDRESS	
CITY-ST-ZIP SEMINOLE, FL 00000		5.4 CITY-ST-ZIP	
TITLE P	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, O.		6.2 NAME	
STREET ADDRESS 117 ASPEN CIRCLE		6.3 STREET ADDRESS	
CITY-ST-ZIP SEMINOLE FL		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)(f), 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: *Rev. Ralph M. Weer* DATE: **1-6-98**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)