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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 725931 (0)

1. Corporation Name
THE GARDENS 102, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**1700 McMULLEN BOOTH RD STE C3
CLEARWATER FL 34619**

3. Date Incorporated or Qualified **03/27/1973** 3a. Date of Last Report **04/28/1994**
4. FBI Number **59-1461256** Applied For Not Applicable

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

5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HICKS, JOYCE M
1700 McMULLEN BOOTH RD STE C3
CLEARWATER FL 34619**

10. Name and Address of New Registered Agent
81 Name **Leighton, Leonard**
82 Street Address (P.O. Box Number is Not Acceptable) **10 Seaton Park Management**
83 **1700 McMullen Booth Rd, Ste C3**
84 City **Clearwater** 85 Zip Code **FL 34619**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **4/18/94**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	KIRCHNER, VILMA
STREET ADDRESS	118 BUTTONWOOD CIR
CITY- ST- ZIP	SEMINOLE FL
TITLE	SD
NAME	BARDGILL, WILLIAM
STREET ADDRESS	214 BUTTONWOOD CIR
CITY- ST- ZIP	SEMINOLE FL
TITLE	PTD
NAME	BRUNO JOSEPH
STREET ADDRESS	110 BUTTONWOOD CIRCLE
CITY- ST- ZIP	SEMINOLE FL
TITLE	D
NAME	MANYO, JOE
STREET ADDRESS	219 BUTTONWOOD CIR
CITY- ST- ZIP	SEMINOLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE	T/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DELLAROCO, VICTOR	
3.3 STREET ADDRESS	101 BUTTONWOOD CIRCLE	
3.4 CITY- ST- ZIP	SEMINOLE, FL 34647-3934	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE	V/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	White, Francis	
5.3 STREET ADDRESS	122 Buttonwood Circle	
5.4 CITY- ST- ZIP	Seminole, FL 34647-3934	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HREN, TERRY	
6.3 STREET ADDRESS	217 Buttonwood Circle	
6.4 CITY- ST- ZIP	Seminole, FL 34647-3934	

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 110.07(3)(a), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **4/15/95** DAYTIME PHONE **813-383-7868**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR