

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **725931** (0)

1. Corporation Name
THE GARDENS 102, INC.



Principal Place of Business: 1700 MCMULLEN BOOTH RD STE C3 CLEARWATER FL 34619
Mailing Address: 1700 MCMULLEN BOOTH RD STE C3 CLEARWATER FL 34619

3. Date Incorporated or Qualified: **03/27/1973**
3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business
21 **3001 EXECUTIVE DR.**
Suite, Apt. #, etc. **SUITE 260**
City & State **Clearwater, FL**
Zip **34622** Country **USA**

2a. Mailing Address
26 **3001 EXECUTIVE DR.**
Suite, Apt. #, etc. **SUITE 260**
City & State **Clearwater, FL**
Zip **34622** Country **USA**

4. FEI Number: **59-1461256**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
LEIGHTON, LENNARD
1700 MCMULLEN BOOTH RD STUE C3
CLEARWATER FL 34619

10. Name and Address of New Registered Agent
81 Name: **CONDOMINIUM ASSOCIATES**
82 Street Address (P.O. Box Number is Not Acceptable): **3001 EXECUTIVE DR.**
83 **SUITE 260**
84 City: **Clearwater** FL 85 Zip Code: **34622**

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, whereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: **Richard Duhamel** (Signature, typed or printed name of registered agent and title if applicable) *Richard Duhamel* (NOTE: Registered Agent's signature required when reinstating) **3-20-96** (DATE)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KIRCHNER, VILMA	
STREET ADDRESS	118 BUTTONWOOD CIR	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BARDGILL, WILLIAM	
STREET ADDRESS	214 BUTTONWOOD CIR	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DELLAROCO, VICTOR	
STREET ADDRESS	101 BUTTONWOOD CIRCLE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MANYO, JOE	
STREET ADDRESS	219 BUTTONWOOD CIR	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WHITE, FRANCIS	
STREET ADDRESS	122 BUTTONWOOD CIRCLE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MREN, JERRY	
STREET ADDRESS	217 BUTTONWOOD CIRCLE	
CITY-ST-ZIP	SEMINOLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input 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	SD CAROL COE
2.3 STREET ADDRESS	115 BUTTONWOOD CIR.
2.4 CITY-ST-ZIP	SEMINOLE, FL 34647
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BARDGILL, WILLIAM
4.3 STREET ADDRESS	214 BUTTONWOOD CIR
4.4 CITY-ST-ZIP	SEMINOLE, FL 34647
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D MARVIN RONZ
6.3 STREET ADDRESS	216 BUTTONWOOD CIR
6.4 CITY-ST-ZIP	SEMINOLE, FL 34647

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 119.07(3)(k), 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: *Vilma Kirchner* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) **VILMA KIRCHNER** **3/28/96** (813) **393-7888** (Date) (Time/Phone #)

CR2E037 (12/95)