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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725931 (0)

1. Corporation Name
THE GARDENS 102, INC.



Principal Place of Business 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER FL 34622 US	Mailing Address 3001 EXECUTIVE DR SUITE 260 CLEARWATER FL 34622-3369 US
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3. Date Incorporated or Qualified 03/27/1973	3a. Date of Last Report 04/03/1996
4. FEI Number 59-1461256	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR SUITE 260
CLEARWATER FL 34622**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KIRCHNER, VILMA	
STREET ADDRESS	118 BUTTONWOOD CIR	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COE, CAROL	
STREET ADDRESS	115 BUTTONWOOD CIR	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DELLAROCO, VICTOR	
STREET ADDRESS	101 BUTTONWOOD CIRCLE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARGDILL, WILLIAM	
STREET ADDRESS	214 BUTTONWOOD CIRCLE	
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	RONZ, MARVIN	
STREET ADDRESS	216 BUTTONWOOD CIR	
CITY-ST-ZIP	SEMINOLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	DADDIO, ANGELLA	
1.3 STREET ADDRESS	208 Buttonwood Circle	
1.4 CITY-ST-ZIP	Seminole, FL 34622 33777	
2.1 TITLE	SD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME	ANTHONY, MADELINE	
2.3 STREET ADDRESS	111 Buttonwood Circle	
2.4 CITY-ST-ZIP	SEMINOLE, FL 34622 33777	
3.1 TITLE	TD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.2 NAME	Rocco, VIC DELIA	
3.3 STREET ADDRESS	101 Buttonwood Circle	
3.4 CITY-ST-ZIP	Seminole, FL 34622 33777	
4.1 TITLE	D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	34622 33777	
5.1 TITLE	VD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	34622 33777	
6.1 TITLE	D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
6.2 NAME	RELL, RUTH	
6.3 STREET ADDRESS	108 Buttonwood Circle	
6.4 CITY-ST-ZIP	Seminole, FL 34622 33777	

14. I do 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.

SIGNATURE: Angella Daddio 2-10-97 - 813-395-0157
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0087462

CR2E037 (9/96)