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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address
3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER FL 34622 US
3001 EXECUTIVE DR SUITE 260 CLEARWATER FL 34622 US

3. Date Incorporated or Qualified
03/27/1973
4. FEI Number
59-1461256
Applied For Not Applicable

2. Principal Place of Business Mailing Address
21 Condominium Associates
26 Condominium Associates
22 3001 EXECUTIVE DR #1260
27 3001 EXECUTIVE DR #1260
23 Clearwater, Fl.
28 Clearwater, Fl.
24 Zip 33762 Country US
25 Country US
29 Zip 33762 Country US
30 Country US

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

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 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 33762

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 Condominium Associates by Victor Della Rocca Vice Pres 3-3-98
DATE 3-3-98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DADDIO, ANGELLA	
STREET ADDRESS	208 BUTTON WOOD CIR	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ANTHONY, MADELEINE	
STREET ADDRESS	111 BUTTONWOOD CIR	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROCCO, VIC D	
STREET ADDRESS	101 BUTTONWOOD CIR	
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 checked="" type="checkbox"/> DELETE
NAME	WHITE, FRANCIS	
STREET ADDRESS	122 BUTTONWOOD CIRCLE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELL, RUTH	
STREET ADDRESS	103 BUTTONWOOD CIR	
CITY-ST-ZIP	SEMINOLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WHITE, FRANK	
1.3 STREET ADDRESS	122 Buttonwood Circle	
1.4 CITY-ST-ZIP	Seminole, Fl.	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Anthony, MADELEINE	
2.3 STREET ADDRESS	111 Buttonwood Circle	
2.4 CITY-ST-ZIP	Seminole, Fl.	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gluck, John	
3.3 STREET ADDRESS	112 Buttonwood Circle	
3.4 CITY-ST-ZIP	Seminole, Fl.	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stephan, Rose	
4.3 STREET ADDRESS	120 Buttonwood Circle	
4.4 CITY-ST-ZIP	Seminole, Fl.	
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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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: Victor N. Della Rocca 3/4/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE
Daytime Phone # 0853180

CP2E037 (10/97)