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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
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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 US
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3. Date Incorporated or Qualified 03/27/1973		
4. FEI Number 59-1461256	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

21. Principal Place of Business Condominium Associates	2a. Mailing Address Condominium Associates		
22. Suite, Apt. #, etc. 3001 EXECUTIVE DR #1260	27. Suite, Apt. #, etc. 3001 EXECUTIVE DR #1260		
23. City & State Clearwater, Fl.	28. City & State Clearwater, Fl.		
24. Zip 33762	25. Country US	29. Zip 33762	30. Country US

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 type="checkbox"/> Yes <input checked="" 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

**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	85 State FL	86 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* 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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P 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* DATE: **3/4/98**

Daytime Phone # 0853180

CP2E037 (10/97)