

**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 # 728282 (5)

1. Corporation Name  
THE GARDENS 105, INC.



Principal Place of Business: 105 ELMWOOD CIR SEMINOLE FL 34647 US  
Mailing Address: 103 CLEVELAND AVE SW LARGO FL 34640 US

3. Date Incorporated or Qualified: 01/18/1974  
3a. Date of Last Report: 02/17/1995

2. Principal Place of Business: 21 114 PINELLAS BAYWAY  
22 Suite, Apt. #, etc.  
23 City & State: TIERRA VERDE, FL  
24 Zip: 33715 25 Country: US  
26 Mailing Address: 26 114 PINELLAS BAYWAY  
27 Suite, Apt. #, etc.  
28 City & State: TIERRA VERDE, FL  
29 Zip: 33715 30 Country: US

4. FEI Number: 59-1506582 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  
HAUSER, RICHARD B  
103 CLEVELAND AV SW  
1601 EAST BAY DR, STE. #4  
LARGO FL 34640

10. Name and Address of New Registered Agent  
81 Name: FRED A, ALBERTO D.  
82 Street Address (P.O. Box Number is Not Acceptable): 114 PINELLAS BAYWAY  
83  
84 City: TIERRA VERDE FL 85 Zip Code: 33715

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: Alberto Freida, ALBERTO FREIDA, MANAGER. DATE: 4/10/96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LUCAS, KEN	
STREET ADDRESS	215 ELMWOOD CIRCLE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	THOMPSON, HENRY	
STREET ADDRESS	205 ELMWOOD CIRCLE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LAPLANTE, KEITH	
STREET ADDRESS	204 ELMWOOD CIRCLE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLASKE, ROBERT	
STREET ADDRESS	121 ELMWOOD CIRCLE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BELLINO, JOE	
STREET ADDRESS	102 ELMWOOD CIRCLE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HOSMER CAMPBELL	
1.3 STREET ADDRESS	121 ELMWOOD CIRCLE	
1.4 CITY-ST-ZIP	SEMINOLE, FL 34647	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LAPLANTE, KEITH	
3.3 STREET ADDRESS	204 ELMWOOD CIRCLE	
3.4 CITY-ST-ZIP	SEMINOLE, FL 34647	
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		<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 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: Henry Thompson DATE: 4/23/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)