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May 02 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

114 PINELLAS BAYWAY
TIERRA VERDE FL 33715
US

114 PINELLAS BAYWAY
TIERRA VERDE FL 33715-1700
US

3. Date Incorporated or Qualified
01/18/1974

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 **C/O RESOURCE MGMT**

26 **C/O RESOURCE MGMT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **118 PINELLAS BAYWAY**

27 **118 PINELLAS BAYWAY**

City & State

City & State

23 **TIERRA VERDE, FL**

28 **TIERRA VERDE, FL**

Zip

Zip

24 **33715** 25 **US**

29 **33715** 30 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREDA, ALBERTO D
114 PINELLAS BAYWAY
1801 EAST BAY DR, STE. #4
TIERRA VERDE FL 33715

81 Name **FREDA, ALBERTO D**
82 Street Address (P.O. Box Number is Not Acceptable)
118 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 Freda **ALBERTO FREDA** 4/1/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	HOSMER, CAMPBELL	
STREET ADDRESS	122 ELMWOOD CIRCLE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	VPD	☐ DELETE
NAME	THOMPSON, HENRY	
STREET ADDRESS	205 ELMWOOD CIRCLE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	PD	☒ DELETE
NAME	LAPLANTE, KEITH	
STREET ADDRESS	204 ELMWOOD CIRCLE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	SD	☐ DELETE
NAME	BLASKE, ROBERT	
STREET ADDRESS	121 ELMWOOD CIRCLE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	PD AL BRUCKLER
3.3 STREET ADDRESS	101 ELMWOOD CIRCLE
3.4 CITY-ST-ZIP	SEMINOLE, FL 33777
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 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:

Al Bruckler **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97 392-4657
Date Daytime Phone # 0051153

CFR2E037 (9/96)