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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **728282**  
 1. Corporation Name  
**THE GARDENS 105, INC.**

Principal Place of Business Mailing Address

C/O RESOURCE MGMT.  
 118 PINELLAS BAYWAY  
 TIERRA VERDE FL 33715  
 US

C/O RESOURCE MGMT.  
 118 PINELLAS BAYWAY  
 TIERRA VERDE FL 33715  
 US



21	2. Principal Place of Business <b>C/O Resource Prop. Mgmt</b>	2a. Mailing Address <b>C/O Resource Prop Mgmt</b>	3. Date Incorporated or Qualified <b>01/18/1974</b>
22	Suite, Apt. #, etc. <b>103 Cleveland Ave SW</b>	Suite, Apt. #, etc. <b>103 Cleveland Ave SW</b>	4. FEI Number <b>59-1506582</b>
23	City & State <b>Largo FL</b>	City & State <b>Largo FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24	Zip <b>33770</b>	Country <b>US</b>	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**FREDA, ALBERTO**  
 118 PINELLAS BAYWAY  
 TIERRA VERDE FL 33715

10. Name and Address of New Registered Agent

81	Name <b>Reinhardt, Debbie</b>
82	Street Address (P.O. Box Number is Not Acceptable) <b>C/O Resource Property Mgmt</b>
83	City & State <b>103 Cleveland Ave SW</b>
84	City <b>Largo</b>
85	State <b>FL</b>
86	Zip Code <b>33770</b>

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 Debbie Reinhardt agent DATE 1/8/99

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOSMER, CAMPBELL</b>	
STREET ADDRESS	<b>122 ELMWOOD CIRCLE</b>	
CITY-ST-ZIP	<b>SEMINOLE FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CAMPBELL, BUD</b>	
STREET ADDRESS	<b>122 ELMWOOD CR</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 33777</b>	
TITLE	<b>PO</b>	<input type="checkbox"/> DELETE
NAME	<b>BRUCKLER, AL</b>	
STREET ADDRESS	<b>101 ELMWOOD CIR.</b>	
CITY-ST-ZIP	<b>SEMINOLE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BLASKE, ROBERT</b>	
STREET ADDRESS	<b>121 ELMWOOD CIRCLE</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 33777</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HUGHES, BUD</b>	
STREET ADDRESS	<b>202 ELMWOOD CIRCLE</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 33777</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/2

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>P Gibson, Harvey</b>
1.3 STREET ADDRESS	<b>211 Elmwood Cir</b>
1.4 CITY-ST-ZIP	<b>Seminole FL 33777</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>TD Mary Meyers</b>
2.3 STREET ADDRESS	<b>105 Elmwood Cir</b>
2.4 CITY-ST-ZIP	<b>Seminole FL 33777</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>D</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>SD Gerry Downey</b>
4.3 STREET ADDRESS	<b>119 Elmwood Cir</b>
4.4 CITY-ST-ZIP	<b>Seminole FL 33777</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>VP</b>
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, with all other like empowered.

SIGNATURE: Harvey Gibson Pres Jan 7/99 (727) 319-3049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)