FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 738123 (9)

THE GARDENS 107, INC.				. 10 1/1/1 (18 8 8 1/10) (EUT) (1/10 8 1/10 8		
Principal Place of Business		Mailing Address				
8039 GARDEN DR.		103 CLEVELAND AVE SW				
SEMINOLE FL 34647 US		1601-EAST BAY DRIVE #4 LARGO FL 34640 US				
03				3. Date Incorporated or Qualified 02/17/1977	3a. Date of Last Report 02/14/1995	
· ^	INELLAS BAYWAY	28. Mailing Address	LAS BAYW	4. FEI Number 59-1870432	Applied For Not Applicable	
Suite, Apt. 1		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	RA VERDE, FL	City & State 28 TLERRA	VERDE TI	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 333	Country	Zip 33715	Country US	8. This corporation has liability for inf		
9. Name and Address of Current Registered Agent				10. Name and Address of New Re		
			81 Name	FREDA, ALBERTO	D	
HAUSOR, RICHARD B 82 Street Address (P.C				ddress (P.O. Box Number is Not Acceptable)	
103 CLEVELAND AV SW				PINELLAS BAYWA	4	
1601 EAST BAY DR 4 LARGO FL 34640 84 City						
DANGO	rl 3404U		84 City	ENNA VERDE	FL 85 Zip Code 3 \$ 7 1.5	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Horida Statutes, the above-named corporation submits this statement for the purpose of changing its registered.						
or registere familiar wit	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 6170503, Florida Statutes.					
SIGNATURE alberto trede, ALBERTO FREDA, MANAGOR 4/16/96						
	Signature, typed or printed name of registered agent an OFFICERS AND		OTE: Registered Agent signature rec		DATE	
TITLE	DT OFFICERS AND	DELETE	1.3. 1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition	
NAME	NAWROCKI, FAYE	L ud	1.2 NAME		C Assessed C . comments	
STREET ADDRESS	8039 GARDEN DR. 209		1.3 STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE, FL 00000		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE	7	Change 🖪 Addition	
NAME	THAYER, HAROLD		2.2 NAME	DOWNER, PAM 8039 GARDEN DR. #7 SEMINOLE, FL		
STREET ADDRESS	8039 GARDEN DR #101		2.3 STREET ADDRESS	SEMINAL E TO	200 211.42	
CITY-ST-ZIP TITLE	SOMINOLE FL VD	DELETE	2. 4 CHY-ST-ZIP 3.1 TITLE	Service FL	Change Addition	
NAME	NELSON, JEAN	- Delicit	3.1 THE		☐ Augusta ☐ Vocation	
STREET ADDRESS	8039 GARDEN DRIVE #208		3.3 STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE, FL 00000		3.4. CITY-ST-ZIP			
TITLE	\$D	DELETE	4.1 TITLE		Change Addition	
NAME	SMUTNEY, MARGOT		4. 2 NAME			
STREET ADDRESS	8039 GARDEN DR., #205		4.3 STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE FL		4.4 CITY - ST - ZIP			
TITLE	PD	DELETE	5.1 TITLE		Change Addition	
NAME	DAVIS, AUDREY		52 NAME			
STREET ADDRESS	8039 GARDEN DR. 204 SEMINOLE FL		5 3 STHEET ADDRESS			
CITY-ST-ZIP TITLE	SEMINULE FL	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition	
NAME			6.2 NAME		Chounds Chinase and	
STREET ADORESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14. I do hereby certify that	certify that the information supplied with the information indicated on this annual	th this filing is voluntarily furn I report or supplemental an n	ished and does not qualifual report is true and acc	fy for the exemption stated in Section 119.07 urate and that my signature shall have the sa	'(3)(k), Florida Statutes. I further ame legal effect as if made under	

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 unde 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.

GNATURE:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
| Divide 32 /96
Deytime Prione # SIGNATURE: