FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

742241

(3)

ST. DOMINIC GARDENS, INC.

Principal Place of Business Mailing Address

FILED Mar 11 1997 8:00am Secretary of State



% OFFICE OF 1 3075 N.W. 35TH LAUDERDALE L	AVE.	3075 N.W.	% OFFICE OF HOUSING MGT 3075 N.W. 35TH AVE. LAUDERDALE LAKES FL 33311-1107					3. Date Inc	orporated c	r Qualified	3a. Da	ate of Last F	Report
								3. Date Incorporated or Qualified 03/29/1978 3a. Date of 1 04/2			04/25/19	96	
2. Principal Pi	ace of Business	2a. Mailir	ng Address					4. FEI Num	ber	·····		Ar	pplied For
	N. State Road 7 26 4740 N. State					oad	7	59-	1876359			No	ot Applicable
22 Suite	- [21]				106 - Bldg. C			5. Certifica	te of Status	Desired			Additional equired
	erdale Lakes, Fla. 28 Lauderdale La						la	6. Election Trust Fu	Campaign nd Contribu				May Be to Fees
Zip	Country	Zip	·					8. This corp	poration has	· ·		tax under s	. 199.032,
24 33319	9. Name and Address of Current Registered Agent					USA Florida Statutes Yes 10. Name and Address of New Registered					No.		
	9, Name and Address of Ci		81	Name		U. Name a	na Adaresi	OT NOW HE	gistered	1gent			
CITACEDALD DATOICE I						Name							
FITZGERALD, PATRICK J. 110 MERRICK WAY					82	Street A	Address (P.O. Box Number is Not Acceptable)						
SUITE 2C					83								
CORAL GABLES FL 33134						City	FL 85 Zip Code						1
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 Signature, typed or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
12.		od agent and tille if applice S AND DIRECTORS		:: Registere	d Age	nt signature re	equired wh		IS/CHANG	e to occi	DATE.	DIRECTOR	90 IN 12
TITLE	VD	3 AND DINECTORS	DELETE	1.1 TI	YI F		-, -, -	ADDITIO	NO/CHANGE	.3 10 01110	JENO ANL	Change	Addition
NAME	ABELLO, EUGENE			1.2 N								ondingo	1,00,1011
STREET ADDRESS	2736 SW 7TH AVE					ADDRESS							[;
CITY-ST-7iP	MIAMI FL				ITY - S								
TOLE	PD	· · · · · · · · · · · · · · · · · · ·	DELETE	2.1 Ti						 		Change	Addition
NAME	QUINLIVAN, J. MARK			2.2 N	AME							•	
STREET ADDRESS	5730 SW 74 ST STE 300			2.3 \$	TREET	ADDRESS							
CITY-ST-ZIP	S MIAMI FL			2.40	2-YTK	T-ZIP							
TITLE	D		DELETE	3.1 1)								Change	Addition
NAME	STEIBEL, GARY R			3.2 N	AME								
STREET ADDRESS	123 NW 6TH AVE			3.3 S	TREET	ADDRESS							
DITY-ST-70P	HALLANDALE FL			3.4. 0	HTY-S	T-ZIP							
TITLE	TD	, , , , , , , , , , , , , , , , , , , ,	☐ DELETE	4.1 Ti	TLE							Change	Addition
NAME	MCCAUL, MICHAEL			4. 2 N	IAME								
STREET ADDRESS	2251 YUCCA AVE			4.3 S	TREET	address							
DITY-SI-ZIP	PEMBROKE PINES FL			4.4 C	1TY-\$	T-ZIP							
TITLE	\$D		DELETE	5.1 Ti	TLE							Change	Addition
NAME	CONWAY, LAURENCE			5.2 N	AME								
STREET ADDRESS	17775 NORTH BAY RD.			5.3 \$	TREET	address							
CITY-ST-ZIP	MIAMI BEACH FL			5.4 C	ITY-S	T-ZIP							
TITLE			DELETE	6.1 Ti	TLE							Change	Addition
NAME				6.2 N	AME								
STREET ADDRESS				6.3 S	TREET	ADDRESS							
CITY-SI-ZIP					ITY-S								
14 I do bereb	ny certify that the information sur	antiad with this filing	tileun ton sanh r	u for the	AVA	motion etc	stad in t	Section 110	ハブ/ないい だん	rida Statute	e I furthau	coartify that	the "

I formation 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:

COMPLETOR Mark Quinlivan 2/6/97 (305) 757-2824

PERCER OR DIRECTOR Date Destine Phone # 0034600