

**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 # N46241 (8)**

1. Corporation Name

**GARDEN CITY RESORT HOMEOWNERS ASSOCIATION PHASE I, INC.**



Principal Place of Business

Mailing Address

5728 MAJOR BLVD  
STE 612  
ORLANDO FL 32819  
US

5728 MAJOR BLVD  
STE 612  
ORLANDO FL 32819  
US

3. Date Incorporated or Qualified

11/27/1991

3a. Date of Last Report

03/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Garden City Resort HAP

26 Gaphi c/o Modasco

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 7310 Cherry Lake Road

27 12249 Science Dr. Suite 100

City & State

City & State

23 Groveland, FL

28 Orlando, FL

24 Zip 34736

25 Country USA

29 Zip 32826

30 Country USA

4. FEI Number

59-3107803

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

10. Name and Address of New Registered Agent

ECAD FLORIDA CORPORATION  
5728 MAJOR BLVD, STE 612  
ORLANDO FL 32819

81 Name

ECAD Florida Corp. c/o Modasco

82 Street Address (P.O. Box Number is Not Acceptable)

12249 Science Drive, Suite 100

83

84 City

Orlando

FL

85 Zip Code

32826

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 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	SD ZEDAN, YEHIA	22 ABDUL HANID LUFTY STR	MOHANDISEE CA	<input type="checkbox"/>
	DP KASHMIRI, RAFIAH	16650 ROYAL PALM DR	GROVELAND FL	<input type="checkbox"/>
	TD ERIAN, DR. MOUNIR	16650 ROYAL PALM DR	GROVELAND FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
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: *[Signature]* President

2/21/96

(407) 380-3807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)