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May 09 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 # N46241 (8)
1. Corporation Name
GARDEN CITY RESORT HOMEOWNERS ASSOCIATION PHASE I, INC.



Principal Place of Business: 7310 CHERRY LAKE ROAD, GROVELAND FL 34796, US
Mailing Address: C/O GAPH MODASCO, 12249 SCIENCE DRIVE STE 100, ORLANDO FL 32826-2900, US

3. Date Incorporated or Qualified: 11/27/1991
3a. Date of Last Report: 02/26/1996
4. FEI Number: 59-3107803
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

2. Principal Place of Business (21-23)
2a. Mailing Address (24-26)
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
ECAD FLORIDA CORPORATION
12249 SCIENCE DRIVE
SUITE 100
ORLANDO FL 32826

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ZEDAN, YEHIA	
STREET ADDRESS	22 ABDUL HANID LUFTY STR	
CITY-ST-ZIP	MOHANDISEE CA	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	KASHMIRI, RAFIAH	
STREET ADDRESS	18650 ROYAL PALM DR	
CITY-ST-ZIP	GROVELAND FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ERIAN, DR. MOUNIR	
STREET ADDRESS	18650 ROYAL PALM DR	
CITY-ST-ZIP	GROVELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	TREASURER, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	PRESIDENT, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DR ROBERT OGDEN
4.3 STREET ADDRESS	516 S. DILLARD ST
4.4 CITY-ST-ZIP	WINTER GARDEN FL 34787
5.1 TITLE	SECRETARY, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	G HADA HILWA
5.3 STREET ADDRESS	110 SPRING COVE TRAIL
5.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: _____ DATE: 11/24/97

CR2E037 (9/96)