FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 6:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N48448** **(7)**

1. Corporation Name

THE GENTLEMEN OF THE GARDEN, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~475 ATLANTIC AVENUE~~ ~~SUITE 27~~ ~~PALM BEACH FL 33480~~ ~~US~~	~~475 ATLANTIC AVENUE~~ ~~SUITE 27~~ ~~PALM BEACH FL 33480~~ ~~US~~

3. Date Incorporated or Qualified: 04/16/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0352074 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 400 N. CONGRESS AVENUE	26 400 N. CONGRESS AVENUE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 WEST PALM BEACH, FL	City & State 28 WEST PALM BEACH, FL
Zip 24 33401 Country 25 US	Zip 29 33401 Country 30 US

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
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
WHITE, JOHN, II 1645 PALM BEACH LAKES BLVD. PENTHOUSE W. PALM BEACH FL 33401	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CAMERON-HAYES, JONATHAN	12 NAME	
STREET ADDRESS	220 INDIAN ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	14 CITY-ST-ZIP	B00001492246 -05/17/95--01166--021 *****61.25 *****61.25
TITLE	VD	21 TITLE	V,S,D ☐ Change ☑ Addition
NAME	WHITE, JOHN II	22 NAME	WHITE, JOHN II
STREET ADDRESS	1645 PALM BEACH LAKES BLVD.	23 STREET ADDRESS	1645 PALM BEACH LAKES BLVD
CITY-ST-ZIP	WEST PALM BEACH FL 33401	24 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	~~SD~~	31 TITLE	☐ Change ☐ Addition
NAME	~~BUTLER, JAMES~~	32 NAME	DELETE
STREET ADDRESS	3705 S. FLAGLER DRIVE 27	33 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	T,D ☑ Change ☐ Addition
NAME	DEGREY, WILLIAM	42 NAME	DEGRAY
STREET ADDRESS	2574 PGA BLVD. BOX 127	43 STREET ADDRESS	1460 NORTH LAKE WAY
CITY-ST-ZIP	PALM BEACH FL	44 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	SOLD
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	5-1-95

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: _____ CAMERON-HAYES 4/28/95 407 686 6968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0081830