

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 FEB 28 AM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743660 (3)

1. Corporation Name

THE GARDENS COMMUNITY COUNCIL, INC.

Principal Place of Business

Mailing Address

104 ASPEN CIR
SEMINOLE FL 34647

104 ASPEN CIR
SEMINOLE FL 34647

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1978

3a. Date of Last Report

02/23/1994

4. FEI Number

59-1840951

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

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

SIMPSON, RAY
104 ASPEN CIR
SEMINOLE FL 34647

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	VOLLENWEIDER, MARVIN
STREET ADDRESS	106 BUTTWOOD CIR
CITY-ST-ZIP	SEMINOLE FL
TITLE	D
NAME	BRUNO, JOE
STREET ADDRESS	140 BUTTWOOD CIR
CITY-ST-ZIP	SEMINOLE FL
TITLE	D
NAME	NALEPA, TONY
STREET ADDRESS	220 DOGWOOD CIRCLE
CITY-ST-ZIP	SEMINOLE FL
TITLE	D
NAME	NAGEL, JOYCE
STREET ADDRESS	215 ASPEN
CITY-ST-ZIP	SEMINOLE FL
TITLE	D
NAME	LUCAS, KEN
STREET ADDRESS	215 FLMWOOD CIRCLE
CITY-ST-ZIP	SEMINOLE FL
TITLE	D
NAME	REUBEN, ARNOLD
STREET ADDRESS	221 CEDARWOOD
CITY-ST-ZIP	SEMINOLE FL

1.1 TITLE	P	President	☒ Change ☐ Addition
1.2 NAME		Ray Simpson	
1.3 STREET ADDRESS		104 Aspen Circle	
1.4 CITY-ST-ZIP		Seminole, FL 34647	
2.1 TITLE	V P & T	V Pres + Treasurer	☒ Change ☐ Addition
2.2 NAME		Summer Black	
2.3 STREET ADDRESS		221 Fernwood	
2.4 CITY-ST-ZIP		Seminole, FL 34647	
3.1 TITLE	S	Secretary	☒ Change ☐ Addition
3.2 NAME		Lila Simpson	
3.3 STREET ADDRESS		194 Aspen Circle	
3.4 CITY-ST-ZIP		Seminole, FL 34647	
4.1 TITLE	D	Orville Smith	☒ Change ☐ Addition
4.2 NAME		117 Aspen Circle	
4.3 STREET ADDRESS		Seminole, FL	
4.4 CITY-ST-ZIP			
5.1 TITLE	D	Virginia Sherman	☒ Change ☐ Addition
5.2 NAME		111 Heatherwood	
5.3 STREET ADDRESS		Seminole FL 34647	
5.4 CITY-ST-ZIP			
6.1 TITLE	D	Quincy Davis	☒ Change ☐ Addition
6.2 NAME		204 Glenwood	
6.3 STREET ADDRESS		Seminole, FL 34647	
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 110.07(3)(b), 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE