

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

1995 MAY -1 PM 6:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N48448** (7)

1. Corporation Name

THE GENTLEMEN OF THE GARDEN, INC.

Principal Place of Business

Mailing Address

~~475 ATLANTIC AVENUE~~
~~SUITE 27~~
~~PALM BEACH FL 33409~~
~~US~~

~~475 ATLANTIC AVENUE~~
~~SUITE 27~~
~~PALM BEACH FL 33409~~
~~US~~

DO NOT WRITE IN THIS SPACE

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.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 WEST PALM BEACH, FL 28 WEST PALM BEACH, FL

Zip

Country

Zip

Country

24 33401 25 US 29 33401 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CAMERON-HAYES, JONATHAN
STREET ADDRESS 220 INDIAN ROAD
CITY-ST-ZIP PALM BEACH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
600001492246
-05/17/95--01168--021
*****61.25 *****61.25

TITLE VD
NAME WHITE, JOHN II
STREET ADDRESS 1645 PALM BEACH LAKES BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33401

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
V.I.S.D
WHITE, JOHN II
1645 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33401

TITLE ~~BD~~
NAME ~~BUTLER, JAMES-~~
STREET ADDRESS 3705 S. FLAGLER DRIVE-27
CITY-ST-ZIP WEST PALM BEACH FL 33405

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
DELEIE

TITLE TD
NAME DEGREY, WILLIAM
STREET ADDRESS 2574 PGA BLVD. BOX 127
CITY-ST-ZIP PALM BEACH FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
T.D
DEGRAY
1460 NORTH LAKE WAY
PALM BEACH, FL 33480

TITLE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

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:

CAMERON-HAYES

4/28/95

407 686 6968

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #