

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 # **728282** (5)

1. Corporation Name

THE GARDENS 105, INC.



Principal Place of Business

Mailing Address

105 ELMWOOD CIR
SEMINOLE FL 34647
US

103 CLEVELAND AVE SW
LARGO FL 34640
US

3. Date Incorporated or Qualified
01/18/1974

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21 **114 PINELLAS BAYWAY**

26 **114 PINELLAS BAYWAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **TIERRA VERDE, FL**

28 **TIERRA VERDE, FL**

Zip

Country

Zip

Country

24 **33715**

25 **US**

29 **33715**

30 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAUSER, RICHARD B
103 CLEVELAND AV SW
1601 EAST BAY DR, STE. #4
LARGO FL 34640

81 Name **FREDA, ALBERTO D.**

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

83

84 City **TIERRA VERDE** **FL** 85 Zip Code **33715**

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

Alberto Freda **ALBERTO FREDA, MANAGER.**

4/10/96

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 **PD** ☒ DELETE
NAME **LUCAS, KEN**
STREET ADDRESS **215 ELMWOOD CIRCLE**
CITY-ST-ZIP **SEMINOLE FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **HOSMER CAMPBELL**
1.3 STREET ADDRESS **121 ELMWOOD CIRCLE**
1.4 CITY-ST-ZIP **SEMINOLE, FL 34647**

TITLE **VPD** ☐ DELETE
NAME **THOMPSON, HENRY**
STREET ADDRESS **205 ELMWOOD CIRCLE**
CITY-ST-ZIP **SEMINOLE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **LAPLANTE, KEITH**
STREET ADDRESS **204 ELMWOOD CIRCLE**
CITY-ST-ZIP **SEMINOLE FL**

3.1 TITLE **PD** ☒ Change ☐ Addition
3.2 NAME **LAPLANTE, KEITH**
3.3 STREET ADDRESS **204 ELMWOOD CIRCLE**
3.4 CITY-ST-ZIP **SEMINOLE, FL 34647**

TITLE **SD** ☐ DELETE
NAME **BLASKE, ROBERT**
STREET ADDRESS **121 ELMWOOD CIRCLE**
CITY-ST-ZIP **SEMINOLE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **BELLINO, JOE**
STREET ADDRESS **102 ELMWOOD CIRCLE**
CITY-ST-ZIP **SEMINOLE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

Daytime Phone #

CR2E037 (12/95)