

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N39363 (9)

1. Corporation Name

GARDENS MEDICAL PARK (PHASE II) CONDOMINIUM ASSO  
CIATION, INC.

Principal Place of Business

Mailing Address

2101 W. COMMERCIAL BLVD.  
#4800  
FT. LAUDERDALE FL 33309  
US2101 W. COMMERCIAL BLVD.  
#4800  
FT. LAUDERDALE FL 33309-3054  
US3. Date Incorporated or Qualified  
07/30/19903a. Date of Last Report  
04/29/19964. FEI Number  
65-0216633Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 2101 W. Commercial Blvd.

26 2101 W. Commercial Blvd.

Suite, Apt. #, etc.  
22 Suite 4100Suite, Apt. #, etc.  
27 Suite 4100

City &amp; State

City &amp; State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale, FL

Zip Country

Zip Country

24 33309

29 33309

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORMAN, ROBERT S.  
2101 W. COMMERCIAL BLVD.  
#4100  
FT. LAUDERDALE FL 33309

81 Name Robert S. Forman, Attorney at Law

82 Street Address (P.O. Box Number is Not Acceptable)  
2101 W. Commercial Blvd.

83 Suite 4100

84 City Ft. Lauderdale, FL 85 Zip Code 33309

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

Robert S. Forman, Attorney at Law

1/7/97

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 PTD ☐ DELETE  
NAME SHIMM, KENNETH L.  
STREET ADDRESS 2101 W. COMMERCIAL BLVD. STE 4800  
CITY - ST - ZIP FT. LAUDERDALE FL1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 2101 W. Commercial Blvd., #4100  
1.4 CITY - ST - ZIP Ft. Lauderdale, FL 33309TITLE VD ☐ DELETE  
NAME LYNOTT, MATTHEW  
STREET ADDRESS 2101 W. COLONIAL BLVD STE 4800  
CITY - ST - ZIP FT LAUDERDALE FL2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 2101 W. Commercial Blvd., #4100  
2.4 CITY - ST - ZIP Ft. Lauderdale, FL 33309TITLE SD ☐ DELETE  
NAME MARKS, MITCHELL  
STREET ADDRESS 3345 BURNS ROAD STE 101  
CITY - ST - ZIP PALM BCH GDNS FL3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP Palm Beach Gardens, FL 33410TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME 300002086113  
4.3 STREET ADDRESS -02/13/97--01007--017  
4.4 CITY - ST - ZIP \*\*\*61.25TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

(954) 796-9202

Daytime Phone # 0035887

CR2E037 (9/96)