

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **761282** (3)  
1. Corporation Name  
**GARDEN HILLS HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>2919 E. NO MILITARY TRAIL WEST PALM BEACH FL 33409</b>	Mailing Address <b>2919 E. NO MILITARY TRAIL WEST PALM BEACH FL 33409</b>
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3. Date Incorporated or Qualified <b>12/30/1981</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number <b>59-2321704</b>		

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAPLAN, LOUIS ESQUIRE  
ST. JOHN & KING  
500 AUSTRIAN AVE SO. #600  
WEST PALM BEACH FL 33401**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TIDMARSH DOROTHY</b>	1.2 NAME	<b>Bailey Karen</b>
STREET ADDRESS	<b>1588 FERNGRAN AVE</b>	1.3 STREET ADDRESS	<b>1541 Ferngran Avenue</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	1.4 CITY-ST-ZIP	<b>WPRB, FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KASA, CAROLE</b>	2.2 NAME	
STREET ADDRESS	<b>5450 BONKY COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VASSALO, CLARA</b>	3.2 NAME	
STREET ADDRESS	<b>5412 MENDOZA ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>Vice President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEREZ, ROBERTO</b>	4.2 NAME	<b>Leo Rodriguez</b>
STREET ADDRESS	<b>5454 GARDEN HILLS CIR</b>	4.3 STREET ADDRESS	<b>5409 Garden Hills Circle</b>
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	4.4 CITY-ST-ZIP	<b>WPRB, FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURKETT, DOUG</b>	5.2 NAME	
STREET ADDRESS	<b>1585 FERNGRAN AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: **Carole Kasa** **Carole Kasa** Secretary **4/28/98** **761-433-2289**

CR2E037 (10/97)