FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

POCUMENT #

(5)

THE GARDENS 105, INC.

| FILED |
|--------------------|
| May 26 1998 8:00am |
| Secretary of State |

| ,,,, | | | | | |
|---|--|---|--|---|--|
| Principal Place | of Business | Mailing Address | | | |
| C/O RESOURCE MONT. 118 PINELLA BAYWAY | | C/O RESOURCE MGMT. 118 PINELLAS BAYWAY | | 3. Date Incorporated or Qualified | |
| TIERRA VERDE | FL 33 715 | TIERRA VERDE FL 33715 | | 01/18/1974 4. FEI Number Applied For | |
| US ' | | U\$ | | 59-1506582 Not Applicable | |
| 2. Principal Pla 21 | ce of Business | 2a. Mailing Address 28 | | 5. Certificate of Status Desired S8.75 Additional Fee Required | |
| Suite, Apt. # | , etc. | Suite, Apt. #, etc. | | Election Campaign Financing Trust Fund Contribution Added to Fees | |
| City & State | | City & State | | 7. Is this nonprofit corporation a homeowners association? | |
| 23 | | 28 | | Yes No | |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. | |
| 24 | 25 9. Name and Address of Currer | | 1 | 10. Name and Address of New Registered Agent | |
| 81 Name () 1/- 1 T 6 | | | | | |
| FREDA. A | ILBERTO D | | 82 Street | Andress (P.O. Box Number is Not Acrob, able) | |
| | LLAS BAYWAY | | 02 Street | ATT PA DOX NUMBER IS NOT ACTUAL ADDRESS | |
| TIERRA VERDE FL 33715 | | | 83 | 118 Pinellas Bayway | |
| | | | 84 City | + Polorshum FL (85 Zig Code) / | |
| 11. Pursuant to | the provisions of Sections 617.050 |)2 and 617.1508, Florida Statutes | the above-named | | |
| office of reg | gistered agent, or both, in the State i familiar with, and accept the oblig | ≀ot Florida. Such change was au alions of, Se ction 617,0503, Flori | ithorized by the corp ida Statutes. | corporation submits this statement for the purpose of changing its registered poration's board of directors. Thereby accept the appointment as registered | |
| SIGNATURE | alle | & hele | | | |
| S | ignature typed or printed name of registered ag- | | Registered Agent signature | | |
| 12. | | ID DIRECTORS DELETE | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME | D Hosmer, Campbell | L.) DELETE | 1.1 TITLE | Change Addition | |
| STREET ADDRESS | 122 ELMWOOD CIRCLE | | 1.2 NAME 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SEMINOLE FL | / | 1.4 CITY - ST - ZIP | | |
| TITLE | VPD | DELETE | 2.1 TITLE | ☐ Change ☐ Addition | |
| NAME | THOMPSON, HENRY | | 2.2 NAME | | |
| STREET ADDRESS | 205 ELMWOOD CIRCLE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SEMINOLE FL | | 2. 4 CITY+ST-ZIP | | |
| TITLE | PD | DELETE | 3.1 TITLE | ☐ Change ☐ Addition | |
| NAME | BRUCKLER, AL | | 3.2 NAME | | |
| STREET ADDRESS | 101 ELMWOOD CIR. | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SEMINOLE FL | DELETE | 3.4. CITY+ST+ZIP | N D D Addison | |
| TITLE | SD Blaske, Robert | T" DETEIC | 4.1 TITLE | Robert Blaske | |
| NAME OTRET ADDRESS | 121 ELMWOOD CIRCLE | | 4.2 NAME | 121 Elmwood Circle | |
| STREET ADDRESS CITY-ST-ZIP | SEMINOLE FL | | 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | Seminole FC 33777 | |
| TITLE | Jennitore 10 | DELETE | 5.1 TITLE | Change Addition | |
| NAME | | _ | 5.2 NAME | Bud Campbell DE | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 122 Elmwood CR. 18.26 | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | Seminole, FL 33777 | |
| TITLE | | DELETE | 6.1 T(TLE | Change L Adultion | |
| HAME | | | 6.2 NAME | Bud Highes | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS (| 202 Elmwood CR. | |
| CITY-ST-ZIP | with that the information ausolice " | with this filing does not qualify to- | 6.4 CITY-ST-ZIP | Servingle FC 55/// | |
| 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 dertify that he 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. | | | | | |