

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

0045945

**DOCUMENT # N39363**

1. Entity Name

**GARDENS MEDICAL PARK (PHASE II) CONDOMINIUM ASSO**

04-06-2001 90059 014 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~2101 W. COMMERCIAL BLVD.~~  
~~SUITE #100~~  
~~FT. LAUDERDALE FL 33309~~  
~~US~~

~~2101 W. COMMERCIAL BLVD.~~  
~~SUITE #100~~  
~~FT. LAUDERDALE FL 33309~~  
~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**3345 Burns Rd**

**3345 Burns Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Ste. 207**

**Ste. 207**

City & State

City & State

**Palm Beach Gardens FL**

**Palm Beach Gardens**

Zip

Zip

**33410**

**33410**

Country

Country

4. FEI Number

**65-0216633**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Suzanne Wessa-Avello**

Street Address (P.O. Box Number is Not Acceptable)

**3345 Burns Rd Suite 207**

City

**Palm Beach Gardens**

FL

Zip Code

**33410**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **Suzanne M. Wessa-Avello, Property Manager**

**4-1-01**

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PTD** ☒ Delete  
NAME **SHIMM, KENNETH L.**  
STREET ADDRESS **2101 W. COMMERCIAL BLVD. #4100**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **AVELLO, WELDO**  
STREET ADDRESS **3345 BURNS ROAD, SUITE #206**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D** ☒ Change ☐ Addition  
NAME **AVELLO, WALDO**  
STREET ADDRESS **3345 Burns Rd, # 206**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **SD** ☐ Delete  
NAME **MARKS, MITCHELL**  
STREET ADDRESS **3345 BURNS ROAD STE 101**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D** ☒ Change ☐ Addition  
NAME **Marks, Mitchell**  
STREET ADDRESS **3345 Burns Road #101**  
CITY-ST-ZIP **Palm Beach Gardens FL 33410**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Rohit Dandya**  
STREET ADDRESS **3345 Burns Rd # 301**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-1-01 561-9303**

CR2E037 (10/00)