

01-21-2003 90064 035 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 761282

1. Entity Name
GARDEN HILLS HOME OWNERS ASSOCIATION, INC.



Principal Place of Business
 5301 MENDOZA ST.
 WEST PALM BEACH FL 33415

Mailing Address
 5331 MENDOZA ST.
 WEST PALM BEACH FL 33415



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
 5331 Mendoza St
 Suite, Apt. #, etc.

3. Mailing Address.
 GHHOA
 5183 10th Avenue North
 Greenacres, FL 33463

City & State
 West Palm Beach FL

City & State
 Greenacres, FL 33463

Zip
 33415

Zip
 Country

4. FEI Number **59-2321704**

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent-

CAPLAN, LOUISE ESQUIRE
ST JOHN & CORE
 500 AUSTRIALIN AVE SO. #600
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name **St. John & Core**

Street Address (P.O. Box Number is Not Acceptable)
1601 Forum Place, Suite #701
West Palm Beach

City **FL** Zip Code **33401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Harnit Cranes* *offic. Rep.* DATE **1-6-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERG, BRUCE 5437 MENDOZA ST WEST PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCWILLIAMS, JERRY 5500 MENDOZA ST WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DY VASSALO, CLARA 5412 MENDOZA ST W. PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THEOBOLD, JUDY 5318 MENDOZA ST W. PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. Bruce Berg 5437 Mendoza St West Palm Beach FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Dan Hughes 5449 Donkey Ct West Palm Beach FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAC. Juan Machado 5469 Garden Hill Cir West Palm Beach FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jerry McWilliams	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bruce Berg Pres.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Juan Machado	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **REQUIRED** DATE **1-17-2003**

Signature and typed or printed name of signing officer or director

CR2E037 (10/02)