

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90049 019 ****61.25

DOCUMENT # 704936

1. Corporation Name

GARDENIA TERRACE, INC.

173282 - 90049 - 19

Principal Place of Business

**2330 NE 36 STREET
LIGHTHOUSE PT FL 33064**

Mailing Address

**2330 NE 36 STREET
LIGHTHOUSE PT FL 33064**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date incorporated or Qualified

12/14/1962

4. FEI Number

65-0261247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

**DORIS, MARTIN
2330 NE 36 ST
LIGHTHOUSE PT FL 33064**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD
ZAPPONE, JOSEPH M.
2330 N.E. 36TH STREET, #7
LIGHTHOUSE PT, FL 00000**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**S
MARTIN, DORIS
2330 NE 36TH ST, #10
LIGHTHOUSE PT, FL 00000**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**TD
OLSON, ALBINA
2330 NE 36TH ST
LIGHTHOUSE PT, FL 00000**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
SCARDINA, PAUL
2330 NE 36 ST, #6
LIGHTHOUSE PT, FL 00000**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VP
LEMERISE, GARY A
2330 NE 36 ST #8
LIGHTHOUSE PT, FL 00000**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
PLASKY, RICHARD
2330 NE 36 ST, #12
LIGHTHOUSE POINT FL**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/99 Albina M. Olson
Date Daytime Phone #

CR2E037 (11/98)