

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90037 014 \*\*\*\*61.25

<b>DOCUMENT # 704936</b> 1. Entity Name <b>GARDENIA TERRACE, INC.</b>	
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Principal Place of Business <b>2330 NE 36 STREET LIGHTHOUSE PT FL 33064</b>	Mailing Address <b>2330 NE 36 STREET LIGHTHOUSE PT FL 33064</b>
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**94014937**



MOORE CR2E037 (11/03)

2. Principal Place of Business <b>SAME AS ABOVE</b> Suite, Apt. #, etc. <b>SAME AS ABOVE</b>	3. Mailing Address <b>SAME AS ABOVE</b> Suite, Apt. #, etc. <b>SAME AS ABOVE</b>
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City & State <b>Lighthouse Point FL</b>	City & State <b>Lighthouse Point FL</b>
Zip <b>33064</b>	Zip <b>33064</b>
Country <b>BROWARD</b>	Country <b>BROWARD</b>

4. FEI Number <b>65-0261247</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>DORIS, MARTIN 2330 NE 36 ST LIGHTHOUSE PT FL 33064</b>
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7. Name and Address of New Registered Agent  Name: <b>PAUL SCARDINA</b> Street Address (P.O. Box Number is Not Acceptable): <b>2330 NE 36 ST #5</b>  City: <b>Lighthouse Point</b> State: <b>FL</b> Zip Code: <b>33064</b>
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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: *Paul Scardina (Pres)*      DATE: 2-7-04

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD SCARDINA, PAUL <input type="checkbox"/> Delete STREET ADDRESS 2330 NE 36 ST #5 CITY-ST-ZIP LIGHTHOUSE POINT FL
TITLE	S MARTIN, DORIS <input checked="" type="checkbox"/> Delete STREET ADDRESS 2330 NE 36TH ST, #10 CITY-ST-ZIP LIGHTHOUSE POINT FL
TITLE	TD FRIEDMAN, JOEL <input checked="" type="checkbox"/> Delete STREET ADDRESS 2330 NE 36TH ST #4 CITY-ST-ZIP LIGHTHOUSE POINT FL 33064
TITLE	VP BUELL, RICHARD <input type="checkbox"/> Delete STREET ADDRESS 2330 NE 36TH ST #3 CITY-ST-ZIP LIGHTHOUSE POINT FL
TITLE	D PLASKY, RICHARD <input type="checkbox"/> Delete STREET ADDRESS 2330 NE 36 ST, #12 CITY-ST-ZIP LIGHTHOUSE POINT FL
TITLE	D O'KEEFE, MARJORIE <input checked="" type="checkbox"/> Delete STREET ADDRESS 2330 NE 36TH ST #11 CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S GERTURED ZAPPONE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 2330 NE 36 ST APT 11 CITY-ST-ZIP LIGHTHOUSE POINT FL - 33064
NAME	R BUELL RICHARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 2330 NE 36 ST #3 CITY-ST-ZIP L.H.P FLA 33064
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. WRONG MARJORIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 2330 NE 36 ST # 5 CITY-ST-ZIP LIGHTHOUSE POINT FLA - 33064

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: *Paul Scardina*      Date: 2-7-04      Daytime Phone #: 954-788-0743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #