## 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

1. Corporation	on Name	# /153/(	J	(3)								
GARDE	EN-AIRE VI	ILLAGE SOUTH, I	NC.									
Principal Place of Business			Ма	Mailing Address				-	.		( <b>i</b> ii) <b>iii</b> if oidh dif	!
2350 NE 14 ST	REFT		2350	2350 NE 14 STREET POMPANO BEACH FL 33062				2 Dote i	Incorporated or Qualifier	-		
POMPANO BEA								3. Date incorporated or Qualified				
								4. FEI N	<b>)/07/1968</b> umber	<del> </del>	- Ar	pplied For
•									-1260773			ot Applicable
2. Principal f	Place of Busin	noss	2a.	2a. Mailing Address					icate of Status Desired	K		Additional
21			26					<b>9</b> , Oom	Cale of Status Desired			equired
Suite, Apt	. #, etc.		$\vdash$	Suite, Apt. #, etc.					on Campaign Financing	_	\$5.00	
22 City & Sta	ite)		[27]	City & State				<del></del>	Fund Contribution	<u> </u>	Added to	
23	Ki		28					7. Is this nonprofit corporation a homeowners association?				
Zip		Country		Zip	Countr	у		8. This c	corporation owes or has p			tangible
24				29 30				Personal Property Tax due June 30. 🔲 Yes 🔣 No				
	9. Name	and Address of Curre	nt Regist	ered Agent		-1		10. Name	and Address of New F	tegistere	d Agent	
					81	Na	ame					
CRIGHTON, JAMES W.				Ţ.			reet Addre	ddress (P.O. Box Number Is Not Acceptable)				
	14TH STRE	EET CSWY			83	<u> </u>						<del></del>
#404 POMPANO BEACH FL 33062						<u> </u>						
PUMPAN	IU DEAUH I	rl 33002			84	4 Cit	ly			F	85 Zip (	Code
11. Pursuant	to the provisi	ions of Sections 617.05/	02 and 61	7.1508, Florida Stati	utes, the abov	ve-nar	med corpo	oration subm	nits this statement for the			ts registered
office or agent. I a	registered ag am familiar wi	jent, or both, in the State ith, and accept the oblic	⇒ of Florida pations of,	<ul> <li>a. Such change was</li> <li>Section 617.0503, F</li> </ul>	authorized b Florida Statute	y the	corporation	on's board o	nits this statement for the of directors. I hereby acc	ept the ar	opointment as	registered
SIGNATURE	سد ما	en les Tours		James W.	Crianto	n			2/2	2/98		
	Slop dure, typed or printed name of pagistured agent and title if applicable. (NOTE: Re					ent sign	nature require	ad when reinstatin	ng)	DATE	'O DIDECTOR	SO 111 40
12. TITLE	D	OFFICERS AND DIRECTORS  D D DELETE		13. 1.1 TITLE	13.		ADDITION ADDITION	ONS/CHANGES TO OFF	ICERS AF	ND DIRECTOR  Change	RS IN 12  M Addition	
NAME	_	ATE, JOSEPH		Deter-	1.2 NAME			•	Darmhan			TO LOCKION
STREET ADDRESS		14 ST CSWY #815			1.3 STREE		rss 2	350 NE	Boynton 14th Street	#418		
CITY-ST-ZIP		IO BCH FL			1.4 CITY-				Beach, FL. 3			
TITLE	PD				2.1 TITLE			7D		<del></del>	☐ Change	<b>X</b> Addition
NAME	1 -	ON, JAMES W.			22 NAME			•	Peterson			
STREET ADDRESS		14 ST CSWY #404		2.3 STREET ADDRESS				14th Street	#608			
CITY-ST-ZIP		O BCH FL	· · · · · · · · · · · · · · · · · · ·	E7 05: 575	2. 4 CITY-		- 1		Beach, FL. 3			
TITLE	TD			<b>₩</b> DELETE	3.1 TITLE						Change	Addition
NAME	WEST, R		. 4646		3.2 NAME							
STREET ADDRESS		14TH STREET CSWY	/., #51Z		3.3 STREE		1					
CITY-ST-ZIP TITLE	SD	IO BCH FL		X) DELETE	3.4. CITY -		<del>'</del>				Change	Addition
NAME		I, BYRON E.		<u> </u>	4. 2 NAME						C) Change	L_ nouno
STREET ADDRESS		14 ST CSWY #702			4.3 STREE		ess					
CITY-ST-ZIP		O BCH FL			4.4 CITY-		- 1			•		
TITLE	SD	# # # T T T T T T T T T T T T T T T T T		<b>X</b> DELETE	5.1 TITLE				<del> </del>		Change	Addition
NAME		r, Josephine			5.2 NAME							
STREET ADDRESS		14TH ST CSWY #40	12		5.3 STREE	T ADDRI	ess					
			· L.									
CITY-ST-ZIP		O BCH FL			5.4 CITY-		$\bot$					
TITLE	VPD	O BCH FL		DELETE	6.1 TITLE		+			<del></del>	Change Change	Addition
TITLE NAME	VPD AZZNARA	O BCH FL A. ALBERT		☐ DELETE	6.1 TITLE 6.2 NAME					<del>:</del>	Change	☐ Addition
TITLE	VPD AZZNARA 2350 NE	O BCH FL		☐ DELETE	6.1 TITLE	T ADORE	ESS			<del></del>	☐ Change	Addition

14. Thereby 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.

SIGNATURE:

James W. Crighton

2/22/98

954 943-5678

Mar 02 1998 8:00am

Secretary of State