

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 716760 (4)

1. Corporation Name
THE FEDERATED GARDEN CIRCLES OF FORT LAUDERDALE, INC.



Principal Place of Business INC. HUGH TAYLOR BIRCH ST. PARK. 3109 EAST SUNRISE BLVD. FORT LAUDERDALE FL 33304	Mailing Address P O BOX 4114 FORT LAUDERDALE FL 33304 US
--	---

3. Date Incorporated or Qualified 06/17/1969		
4. FEI Number 59-0816875	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29	30
--	--	----

9. Name and Address of Current Registered Agent

JONES, PAUL M
160 CYPRESS CREEK DR. APT 612
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRY, LOIS	
STREET ADDRESS	1815 NE 17 WAY	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SCHOETTLE, JACQUELINE	
STREET ADDRESS	2609 SE 20 ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HANDLEY, JAN	
STREET ADDRESS	4300 NE 25TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILKINS, CHARLES	
STREET ADDRESS	2212 NE 32 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LONG, CYNTHIN	
STREET ADDRESS	6202 BAY CLUB DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD
3.3 STREET ADDRESS	RICHARDS, JEANNINE
3.4 CITY-ST-ZIP	820 S.W. 16 STREET FORT LAUDERDALE, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* 4-18-98 954-526-1100

CR2E037 (10/97)