

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726030 (0)
1. Corporation Name
QUINCE GARDENS CONDOMINIUM INC

Principal Place of Business

Mailing Address

C/O HAWAIIAN GARDENS PHASE 7
4705 N.W. 35TH STREET
LAUDERDALE LAKES FL 33319

C/O HAWAIIAN GARDENS PHASE 7
4705 N.W. 35TH STREET
LAUDERDALE LAKES FL 33319-5480

FILED

97 MAR 26 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MWB

3. Date Incorporated or Qualified
04/07/1973

3a. Date of Last Report
02/27/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-1508153

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAWAIIAN GARDENS PHASE 7 ASSOCIATION
4705 N.W. 35TH STREET
LAUDERDALE LAKES FL 33319

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE

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

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

February 10, 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME CANNER, NORMAN
STREET ADDRESS 3500 N W 48TH AVENUE
CITY-ST-ZIP LAUDERDALE LAKES, FL 00000

TITLE T
NAME LEBLANC, JOSEPH
STREET ADDRESS 3500 N W 48TH AVENUE
CITY-ST-ZIP LAUDERDALE LAKES, FL 00000

TITLE PD
NAME WEISBERG, PEARL
STREET ADDRESS 3500 N W 48TH AVENUE
CITY-ST-ZIP LAUDERDALE LAKES, FL 00000

TITLE SD
NAME FAECHER, ELSIE
STREET ADDRESS 3500 NW 48TH AVE
CITY-ST-ZIP LAUDERDALE LAKES, FL 00000

TITLE VD
NAME HAMEL, MAURICE
STREET ADDRESS 3500 N W 48TH AVENUE
CITY-ST-ZIP LAUDERDALE LAKES, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME 0000002124450-4
1.3 STREET ADDRESS -03/26/97-01054-001
1.4 CITY-ST-ZIP 33319 ****312.50 *****92.50

2.1 TITLE TREASURER
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33319

3.1 TITLE MICHAEL SLAKTER V.PRES.
3.2 NAME
3.3 STREET ADDRESS SAME ADDRESS
3.4 CITY-ST-ZIP 33319

4.1 TITLE SECRETARY
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 33319

5.1 TITLE VICE PRESIDENT
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 33319

6.1 TITLE 0000002124450-4
6.2 NAME -03/26/97-01054-001
6.3 STREET ADDRESS ****312.50 *****61.25
6.4 CITY-ST-ZIP

14. I do 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

Norman Canner

PRESIDENT

2/10/97

954-

CR2E037 (9/96)