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APPROVED AND FILED

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CORPORATION ANNUAL REPORT 1995



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726932 (7)
1. Corporation Name
NORTH GARDEN CONDOMINIUM OF DEERFIELD BEACH, INC

Principal Place of Business Mailing Address
700 SOUTHEAST SIXTH AVE. DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/11/1973 3a. Date of Last Report 04/11/1994
4. FEI Number 59-1499683 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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
24 Zip Country 29 Zip Country

9. Name and Address of Current Registered Agent
**MICHELSON, CHARLES
700 SE 6TH AVE
DEERFIELD FL 33441**

10. Name and Address of New Registered Agent
81 Name **STONE, LU ANN**
82 Street Address (P.O. Box Number is Not Acceptable) **700 SE 6th AVE. APT. 305**
83 City **DEERFIELD BEACH, FL** 85 Zip Code **33441**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **LU ANN STONE, PRESIDENT** *Lu Ann Stone* 3/9/95 DATE

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	DE VEAU, MARY
STREET ADDRESS	700 S.E. 8TH AVE.
CITY-ST-ZIP	DEERFIELD BCH. FL.
TITLE	VD
NAME	DENIS, ROBERT
STREET ADDRESS	700 S.E. 8TH AVE.
CITY-ST-ZIP	DEERFIELD BCH. FL.
TITLE	PD
NAME	MICHELSON, CHARLES
STREET ADDRESS	700 SE 6TH AVE
CITY-ST-ZIP	DEERFIELD BCH, FL 00000
TITLE	SD
NAME	HEDGES, PAULINE
STREET ADDRESS	700 S.E. 8TH AVE.
CITY-ST-ZIP	DEERFIELD BCH, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SZUMAL, MARY JEAN	
1.3 STREET ADDRESS	700 SE 6th AVE, APT. 206	
1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KESSLER, GENE	
2.3 STREET ADDRESS	700 SE 6th AVE. APT. 108	
2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STONE, LU ANN	
3.3 STREET ADDRESS	700SE 6th AVE. APT. 305	
3.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NEWMAN, JUDEE	
4.3 STREET ADDRESS	700 SE 6th AVE. APT. 302	
4.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: **LU ANN STONE, PRESIDENT** *Lu Ann Stone* 3/9/95 DATE