

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 17 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 726932 (7)**

1. Corporation Name  
**NORTH GARDEN CONDOMINIUM OF DEERFIELD BEACH, INC**



Principal Place of Business <b>700 SOUTHEAST SIXTH AVE. DEERFIELD BEACH FL 33441</b>	Mailing Address <b>700 SOUTHEAST SIXTH AVE. DEERFIELD BEACH FL 33441-7903</b>
---	--

3. Date Incorporated or Qualified <b>07/11/1973</b>	3a. Date of Last Report <b>02/19/1996</b>
--	--

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

4. FEI Number <b>59-1499683</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**

**STONE, LU ANN  
700 SE 6TH AVE  
#305  
DEERFIELD FL 33441**

**10. Name and Address of New Registered Agent**

81 Name <b>GENE KESSLER</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>700 SE 6TH AVE. APT. 108</b>
83
84 City <b>DEERFIELD BEACH</b>
85 State <b>FL</b>
Zip Code <b>33441</b>

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 **GENE KESSLER, PRESIDENT** *[Signature]* DATE **2/11/97**

(NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>REYNOLDS, SHIRLEY</b>	
STREET ADDRESS	<b>700 SE 6TH AVENUE 314</b>	
CITY - ST - ZIP	<b>DEERFIELD BCH. FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KESSLER, GENE</b>	
STREET ADDRESS	<b>700 SE 6TH AVE #108</b>	
CITY - ST - ZIP	<b>DEERFIELD BCH. FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STONE, LU ANN</b>	
STREET ADDRESS	<b>700 SE 6TH AVE #305</b>	
CITY - ST - ZIP	<b>DEERFIELD BCH, FL 00000</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HEDGES, PAULINE</b>	
STREET ADDRESS	<b>700 SE 6TH AVENUE 202</b>	
CITY - ST - ZIP	<b>DEERFIELD BCH, FL 00000</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 checked="" type="checkbox"/> Addition
2.2 NAME	<b>VD MARY DE VEAUX</b>
2.3 STREET ADDRESS	<b>700 se 6TH AVE. # 111</b>
2.4 CITY - ST - ZIP	<b>DEERFIELD BEACH FL. 33441</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>PD GENE KESSLER</b>
3.3 STREET ADDRESS	<b>700 SE 5TH AVE. #108</b>
3.4 CITY - ST - ZIP	<b>DEERFIELD BEACH, FL 33441</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>SD VIRGINIA D. SMITH</b>
4.3 STREET ADDRESS	<b>700 SE 6TH AVE. # 307</b>
4.4 CITY - ST - ZIP	<b>DEERFIELD BEACH FL. 44331</b>
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 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.

CFR2E037 (9/96)