FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:21

DOCUMENT # 738123 (9)

1. Corporation Name
THE GARDENS 107, INC.

Principal Place of Business	Mailing Address
8039 GARDEN DR. SEMINOLE FL 34647 US	% RESOURCE PROPERTY MANAGEMENT 1601-EAST BAY DRIVE #4 LARGO FL 34641

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1977
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-1870432 ☐ 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	26 103 CLEVELAND AV. S.W.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 LARGO, FLORIDA
Zip 24 / Country 25	Zip 29 34640 FLORIDA / Country 30 PINELLAS

9. Name and Address of Current Registered Agent

HAUSOR, RICHARD B
C O RESOURCE PROPERTY MANAGEMENT
1601 EAST BAY DR 4
LARGO FL 34641

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 103 CLEVELAND AV. S.W.
83
84 City LARGO FL 85 Zip Code 34640

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	☐ Change ☐ Addition
NAME	NAWROCKI, FAYE	1.2 NAME	
STREET ADDRESS	8039 GARDEN DR. 209	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE D	☒ Change ☐ Addition
NAME	THOMAS, LENA	2.2 NAME HAROLD THAYER	
STREET ADDRESS	8039 GARDEN DR., #106	2.3 STREET ADDRESS 8039 GARDEN DR. # 101	
CITY-ST-ZIP	SEMINOLE, FL 00000	2.4 CITY-ST-ZIP SEMINOLE, FL 34647	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, JEAN	3.2 NAME	
STREET ADDRESS	8039 GARDEN DRIVE #208	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	SMUTNEY, MARGOT	4.2 NAME	
STREET ADDRESS	8039 GARDEN DR., #205	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, AUDREY	5.2 NAME	
STREET ADDRESS	8039 GARDEN DR. 204	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely knowledge and 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: Audrey Davis 1/31/95 (813) 561-2662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
AUDREY DAVIS PRESIDENT

0020014