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Jun 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738123 (9)

1. Corporation Name
THE GARDENS 107, INC.



Principal Place of Business 114 PINELLAS BAYWAY TIERRA VERDE FL 33715 US	Mailing Address 114 PINELLAS BAYWAY 1601-EAST BAY DRIVE #4 TIERRA VERDE FL 33715-1700 US
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3. Date incorporated or Qualified 02/17/1977	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 118 PINELLAS BAYWAY	26 Suite, Apt. #, etc. 118 Pinellas Bayway
22 City & State TIERRA VERDE, FL	27 City & State Tierra Verde, FL
23 Zip 33715	28 Zip 33715
24 Country US	30 Country US

4. FEI Number 59-1870432	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FREDA, ALBERTO D
114 PINELLAS BAYWAY
1601 EAST BAY DR 4
TIERRA VERDE FL 33715**

10. Name and Address of New Registered Agent

81 Name **FREDA, ALBERTO**
 82 Street Address (P.O. Box Number is Not Acceptable)
118 PINELLAS BAYWAY
 83
 84 City **TIERRA VERDE** **FL** 85 Zip Code **33715**

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 Alberto Freda ALBERTO FREDA 4/1/97
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE DT	<input type="checkbox"/> DELETE
NAME NAWROCKI, FAYE	
STREET ADDRESS 8039 GARDEN DR. 209	
CITY-ST-ZIP SEMINOLE, FL 00000	
TITLE D	<input type="checkbox"/> DELETE
NAME DOWNER, PAM	
STREET ADDRESS 8039 GARDEN DR #208	
CITY-ST-ZIP SEMINOLE FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME NELSON, JEAN	
STREET ADDRESS 8039 GARDEN DRIVE #208	
CITY-ST-ZIP SEMINOLE, FL 00000	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME SMUTNEY, MARGOT	
STREET ADDRESS 8039 GARDEN DR., #205	
CITY-ST-ZIP SEMINOLE FL	
TITLE PD	<input type="checkbox"/> DELETE
NAME DAVIS, AUDREY	
STREET ADDRESS 8039 GARDEN DR. 204	
CITY-ST-ZIP SEMINOLE 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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD PAMELA MOATS
4.3 STREET ADDRESS	8039 GARDEN DR.
4.4 CITY-ST-ZIP	SEMINOLE, FL 33777
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.

SIGNATURE: M. Mortham F. Nawrocki 4/25/97 (813) 391-5790

CP2E037 (9/96)