## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(9)

THE GARDENS 107, INC.

## **FILED** May 13 1998 8:00am Secretary of State

- 1 183114 18668 11661 69104 51840 46000 1463 04034 81846 84004 91811 81814 81824

Principal Place of Business		Mailing Address			1 4/4/1 4/4/1 4/4/1
118 PINELLAS BAYWAY TIERRA VERDE FL 33715 US		118 PINELLAS BAYWAY TIERRA VERDE FL 33715 US		3. Date Incorporated or Qualified  02/17/1977  4. FEI Number Applied For	
				59-1870432	Not Applicable
2. Principal Place of Business 21		2a. Mailing Address 26		5. Certificate of Status Desired  \$	8.75 Additional Fee Required
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5.00 May Be added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?  V yes \( \subseteq \text{No} \)	
Zip 24	Country 25	Zip <b>29</b>	Country 30	This corporation owes or has paid the current     Personal Property Tax due June 30.      Yes	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
	lberto d Las Bayway RDE FL 33715		81 Name 82 Street Ap 83 84 City	Alberto Frena Mississific Box Number is Not Acceptable) 10 Resources Property 1 118 Pinelles Bayway of Petersburg FL 8	MgMT  Zip Code 33715

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement of 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.

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.4 City-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY - ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

12. OFFICERS AND DIRECTORS TITLE

(NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE Bonnie Wolf 1.2 NAME

NAWROCKI, FAYE NAME 8039 GARDEN DR. #101 8039 GARDEN DR. 209 1.3 STREET ADDRESS STREET ADDRESS SEMINOLE, FL 00000 minoles 1.4 CITY - ST-ZIP CITY-ST-ZIP **Change** DELETE 2.1 TITLE TITLE Downer, Pamela DOWNER, PAM NAME 2.2 NAME 8039 GARDEN DR #208 2.3 STREET ADDRESS STREET ADDRESS

DELETE

DELETE

**SEMINOLE FL** 2. 4 CITY-ST-ZIP CITY - ST- ZIP DELETE TITLE VD 3.1 TITLE **NELSON, JEAN** 3.2 NAME NAME

8039 GARDEN DRIVE #208 STREET ADDRESS **SEMINOLE, FL 00000** CITY-ST-ZIP DELETE

Signature, Ivged or printed name of registered agent and title if epplicable

TITLE MOATS, PAMELA NAME 8039 GARDEN DRIVE STREET ADDRESS **SEMINOLE FL** CITY-ST-ZIP

DAVIS, AUDREY NAME 8039 GARDEN DR. 204 STREET ADDRESS

**SEMINOLE FL** CITY-ST-ZIP TITLE NAME

6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

8039 GARDEN DR #208 eminolo

Nelson. Jear 8039 Garben # 208

Seminole

MOATS, Panela 8039 GARDEN DR # 104 Seminole, FL 33719 4.3 STREET ADDRESS

Demaesschalok, Barbara 8039 GARDEN DE. # 204

14. I 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.

394-8104

Change

Change

Change

Addition

Addition

☐ Addition

☐ Addition

Addition

Addition