

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90043 012 ****61.25

DOCUMENT # 738123

1. Corporation Name

THE GARDENS 107, INC.

Principal Place of Business

118 PINELLAS BAYWAY
TIERRA VERDE FL 33715
US

Mailing Address

118 PINELLAS BAYWAY
TIERRA VERDE FL 33715
US



2. Principal Place of Business

103 Cleveland Ave SW

Suite, Apt. #, etc.

City & State
Largo FL

Zip Country
33770 25

2a. Mailing Address

103 Cleveled Ave SW

Suite, Apt. #, etc.

City & State
Largo FL

Zip Country
33770 29 30

3. Date Incorporated or Qualified

02/17/1977

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

9. Name and Address of Current Registered Agent

FREDA ALBERTO
C/O RESOURCE PROPERTY MGMT
118 PINELLAS BAYWAY
ST PETERSBURG FL 33715

10. Name and Address of New Registered Agent

81 Name Reinhardt, Debbie
82 Street Address (P.O. Box Number is Not Acceptable)
c/o Resource Property Mgmt
83 103 Cleveland Ave SW
84 City Largo FL 85 Zip Code 33770

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 *Reinhardt*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/8/99

DATE

OFFICERS AND DIRECTORS

T/D	<input type="checkbox"/> DELETE
NAME	BONNIE WOLF
STREET ADDRESS	8039 GARDEN DR., #101
CITY-STATE-ZIP	SEMINOLE FL 33777
T/D	<input type="checkbox"/> DELETE
NAME	DOWNER, PAM
STREET ADDRESS	8039 GARDEN DR., #208
CITY-STATE-ZIP	SEMINOLE FL 33777
T/D	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, JEAN
STREET ADDRESS	8039 GARDEN DR., #208
CITY-STATE-ZIP	SEMINOLE FL 33777
T/D	<input type="checkbox"/> DELETE
NAME	MOATS, PAMELA
STREET ADDRESS	8039 GARDEN DR., #104
CITY-STATE-ZIP	SEMINOLE FL 33777
T/D	<input type="checkbox"/> DELETE
NAME	BARBARA DEMAESSCHALOK
STREET ADDRESS	8039 GARDEN DR., #204
CITY-STATE-ZIP	SEMINOLE FL 33777
T/D	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-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-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Charlie Harbold - D
3.3 STREET ADDRESS	8039 Garden Dr #107
3.4 CITY-STATE-ZIP	Seminole Florida 33777
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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 reported 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, with all other like empowered.

SIGNATURE: *Bonnie Wolf*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99
Date

(917) 397-1972
Daytime Phone #

CR2E037 (11/98)