

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 -2 AM 8:37

DOCUMENT # 746491 (0)

1. Corporation Name

AMERICAN GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

INC.
7840 HARDING AVE
MIAMI BEACH FL 33141-2161

INC.
7840 HARDING AVE
MIAMI BEACH FL 33141-2161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/28/1979

3a. Date of Last Report
03/31/1994

4. FEI Number
59-1911609

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICHOLS, JOHN G
~~7860 HARDING AVE~~ 450 PARADISE ISLE BLVD.
~~MIAMI BEACH FL FL 33141~~ HALLANDALE, FLA. 33009
APT # 207

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 agent 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 JOHN G. NICHOLS

John G. Nichols

11/27/95

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME NICHOLS, JOHN G
STREET ADDRESS ~~7860 HARDING AVE~~ 450 PARADISE ISLE BLVD.
CITY-ST-ZIP MIAMI BEACH FL HALLANDALE, FLA 33009

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 450 PARADISE ISLE BLVD. # 207
1.4 CITY-ST-ZIP HALLANDALE, FLA. 33009

TITLE D
NAME GRAZIANO, THOMAS
STREET ADDRESS 1460 NW 100 WAY
CITY-ST-ZIP PLANTATION FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME WILDER, PENELOPE
STREET ADDRESS 151 E 8192 ST
CITY-ST-ZIP NEW YORK NY

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VP
NAME GRAZIANO, LINDA
STREET ADDRESS 1460 NW 100 WAY
CITY-ST-ZIP PLANTATION FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S
NAME GRAZIANO, LINDA
STREET ADDRESS 1460 NW 100 WAY
CITY-ST-ZIP PLANTATION FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE PT
NAME NICHOLS, ANNE C
STREET ADDRESS 7850 HARDING AVE
CITY-ST-ZIP MIAMI BEACH FL 33141

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS 450 PARADISE ISLE BLVD. # 207
6.4 CITY-ST-ZIP HALLANDALE FLA. 33009

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

JG Nichols

11/20/95

305 861-3365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Daytime Phone #)