

**FILE NOW: FILING FEE IS \$61.25**

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**Mar 04 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**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**  
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3. Date Incorporated or Qualified **03/28/1979** 3a. Date of Last Report **01/31/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-1911609</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**NICHOLS, JOHN G  
450 PARADISE ISLE BLVD  
APT #207  
HALLANDALE FL 33009**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICHOLS, JOHN G</b>	1.2 NAME	
STREET ADDRESS	<b>450 PARADISE ISLAE BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAZIANO, THOMAS</b>	2.2 NAME	
STREET ADDRESS	<b>1460 NW 100 WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILDER, PENELOPE</b>	3.2 NAME	
STREET ADDRESS	<b>151 E 81S2 ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAZIANO, LINDA</b>	4.2 NAME	
STREET ADDRESS	<b>1460 NW 100 WAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAZIANO, LINDA</b>	5.2 NAME	
STREET ADDRESS	<b>1460 NW 100 WAY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>PT</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICHOLS, ANNE C</b>	6.2 NAME	
STREET ADDRESS	<b>450 PARADISE ISLE BLVD #207</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	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: **ANNE C. NICHOLS** *Anne C. Nichols* **2/7/97** 934 454-8728  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0029745

CR2E037 (9/96)