


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90018 018 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 746491**

1. Corporation Name  
**AMERICAN GARDENS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business INC. 7840 HARDING AVE MIAMI BEACH FL 33141-2161	Mailing Address INC. 7840 HARDING AVE MIAMI BEACH FL 33141-2161
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/28/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1911609
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
	Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>NICHOLS, JOHN G</b>
STREET ADDRESS	<b>450 PARADISE ISLAE BLVD</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GRAZIANO, THOMAS</b>
STREET ADDRESS	<b>1460 NW 100 WAY</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WILDER, PENELOPE</b>
STREET ADDRESS	<b>151 E 81S2 ST</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>GRAZIANO, LINDA</b>
STREET ADDRESS	<b>1460 NW 100 WAY</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>GRAZIANO, LINDA</b>
STREET ADDRESS	<b>1460 NW 100 WAY</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
TITLE	<b>PT</b> <input type="checkbox"/> DELETE
NAME	<b>NICHOLS, ANNE C</b>
STREET ADDRESS	<b>450 PARADISE ISLE BLVD #207</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>

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	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: *Linda Graziano* SIGNATURE REQUIRED: *Linda Graziano* 3/15/99 954-296-0285  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0030826  
 CR2097-1100A