

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90170 035 ****61.25

DOCUMENT # 746491
 1. Entity Name
AMERICAN GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business INC. 7840 HARDING AVE MIAMI BEACH FL 33141-2161	Mailing Address 1844 NORTH NOB HILL RD. SUITE # 225 PLANTATION FL 33322-6548
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 1844 N. Nob Hill Rd. Suite, Apt. #, etc. PMB 225 City & State Plantation FL Zip 33322-6548 Country USA
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4. FEI Number 59-1911609	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NICHOLS, JOHN G
 450 PARADISE ISLE BLVD
 APT #207
 HALLANDALE FL 33009

7. Name and Address of New Registered Agent
 Name JOHN G. NICHOLS
 Street Address (P.O. Box Number is Not Acceptable)
 ONE HARBOURSIDE DRIVE, # 4707
 City DELRAY BEACH, FL Zip Code 33483

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE *John G. Nichols* DATE 3/10/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR NICHOLS, JOHN G. ONE HARBOURSIDE DR., #4707 DELRAY BEACH, FL. 33483 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WILDER, PENELOPE 151 EAST 81st STREET NEW YORK, N.Y. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NICHOLS, ANNE C. ONE HARBOURSIDE DR. # 4707 DELRAY BEACH, FL. 33483 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *ANN C. NICHOLS* ANNE C. NICHOLS 3/10/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)