

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90210 026 ****61.25

DOCUMENT # 746491

1. Entity Name

AMERICAN GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

INC.
 7840 HARDING AVE
 MIAMI BEACH FL 33141-2161

1844 NORTH NOB HILL RD.
 SUITE # 225
 PLANTATION FL 33322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1911609

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICHOLS, JOHN G
 ONE HARBOURSIDE DRIVE
 #4707
 DELRAY BEACH FL 33483

Name **THOMAS A. GRAZIANO**

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

1460 NW 100th WAY

City **PLANTATION**

FL

Zip Code

33322

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

Thomas A. Graziano

THOMAS A. GRAZIANO

4-25-01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NICHOLS, JOHN G	
STREET ADDRESS	ONE HARBOUR DR #4707	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAZIANO, THOMAS	
STREET ADDRESS	1460 NW 100 WAY	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILDER, PENELOPE	
STREET ADDRESS	151 E 81S2 ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GRAZIANO, LINDA	
STREET ADDRESS	1460 NW 100 WAY	
CITY-ST-ZIP	PLANTATION FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRAZIANO, LINDA	
STREET ADDRESS	1460 NW 100 WAY	
CITY-ST-ZIP	PLANTATION FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	NICHOLS, ANNE C	
STREET ADDRESS	ONE HARBOUR DR #4707	
CITY-ST-ZIP	DELRAY BEACH FL 33483	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Linda Graziano **Linda Graziano** 4/24/01 296-0285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)