


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90044 006 ****61.25

DOCUMENT # 746491

1. Entity Name
AMERICAN GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 7840 - 7850 - 7860 HARDING AVENUE MIAMI BEACH, FL 33141-2161	Mailing Address 11936 SW 8TH STREET MIAMI, FL 33184
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50030395



03012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

ALVAREZ, ALFREDO E
11936 SW 8TH STREET
MIAMI, FL 33184-1672

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORAMAS, GEORGE 7860 HARDING AVE, UNIT 3B MIAMI BEACH, FL 331412161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MCKIERNAN, JANET 7860 HARDING AVE, UNIT 4B MIAMI BEACH, FL 331412161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANCHEZ, ELSA 7850 HARDING AVE, UNIT 2A MIAMI BEACH, FL 331412161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKIERNAN, JUANITA 7840 HARDING AVE, UNIT 5 MIAMI BEACH, FL 331412161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKIERNAN, THOMAS 7840 HARDING AVE, UNIT 5 MIAMI BEACH, FL 331412161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Maria Mckiernan* **3/10/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #