

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **753461** (3)  
1. Corporation Name  
**THE GARDENS 1 CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 9360 SW 23RD ST. FT. LAUDERDALE FL 33324  
Mailing Address: 9360 SW 23RD ST. FT. LAUDERDALE FL 33324

3. Date Incorporated or Qualified: 07/23/1980  
3a. Date of Last Report: 08/08/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-2058714		Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	Zip		<input type="checkbox"/>	
25	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
30		30		8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CHARLES C. MUCHINCKI 2151 S.W. 92ND WAY FT. LAUDERDALE FL 33324				81	Name	JOSEPH SIMONIC	
				82	Street Address (P.O. Box Number is Not Acceptable)	2130 SW 94 TERR.	
				83			
				84	City	FT, LAUDERDALE	FL
				85	Zip Code	33324	

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: *Joseph Simonic* (Typed or Printed Name of Registered Agent) *Joseph Simonic* (Registered Agent Signature) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DV WILLIAMSON, WOODROW 2120 S.W. 94 TERR. #401 FT. LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	11 TITLE	pd JOSEPH SIMONIC 2130 SW 94 TERR. FT. LAUDERDALE FL. 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD MUCHNICKI, CHARLES C 2151 SW 93RD WAY FT. LAUDERDALE FL 33324	<input checked="" type="checkbox"/> DELETE	12 NAME	DV ADOLPH HARTMILLER 2140 SW 93 WAY FT. LAUDERDALE FL. 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DT DEMATTEIS, DORIS 2141 S.W. 93 WAY FT. LAUDERDALE FL	<input type="checkbox"/> DELETE	13 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	VD SAM GORDON 2140 SW 94TH TERRANCE FT LAUDERDALE FL 33324	<input checked="" type="checkbox"/> DELETE	14 CITY-ST-ZIP	D JEROME HARRIS 2150 SW 94 TERR. FT. LAUDERDALE FL. 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D ANDERSON, MARY 2161 SW 93RD WAY FT. LAUDERDALE FL 33324	<input checked="" type="checkbox"/> DELETE	21 TITLE	D DAVID FALZAK 2140 SW 94 TERR. FT. LAUDERDALE FL. 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD WEISS, ALFRED 2130 SW 94 TERR FT. LAUDERDALE FL	<input type="checkbox"/> DELETE	22 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE			31 TITLE		
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE			41 TITLE		
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE			51 TITLE		
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE			61 TITLE		
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Joseph Simonic* (Typed or Printed Name of Signing Officer or Director) *Joseph Simonic* (Signature) DATE: \_\_\_\_\_ DAYTIME PHONE #: 424-5848

CR2E037 (12/95)