FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 753461

(3)

THE GARDENS 1 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address					-	01 B3011 W1981 W1018 B1	1811 81911 B1911 1891	
9360 SW 23RD ST. 9360 SW 23RD ST. FT. LAUDERDALE FL 33324 FT. LAUDERDALE FL 3332		324						
					3. Date Incorporated or Qualified 07/23/1980	3a. Date of Le 08/08		
2. Principa	Place of Business	2a. Mailing Address			4. FEI Number 59-2058714		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Certificate of Status Desired		75 Additional	
City & State		City & State		6. Election Campaign Financing	F	ee Required .00 May Be		
23		28			Trust Fund Contribution		ided to Fees	
Zip	Country Zip Co		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
24	9. Name and Address of Curre		100		10. Name and Address of New Re			
		SEPH SIMONIC						
CHARLES C. MUCHINCKI			82 St		SIPO. Box Number is Not Acceptable 130 SW 94 TERR.)		
2151 S.W. 92ND WAY FT.LAUDERDALE FL 33324					130 SW 94 IERR.			
7 7 7 6 7 7						11	7.0.4	
			84 Ci	F".	Γ, LAUDERDALE	FL 85	^Z 33324	
or regis	int to the provisions of Sections 617.050: stered agent, or both, in the State of Flor	ida. Such change was authorize	s, the above-named by the corporat	ed corporation's board	lion submits this statement for the purp of directors. I hereby accept the appoi	ose of changing i ntment as registe	ts registered office red agent. I am	
familiar with, and accept the obligations of, Soction 617,0503, Florida Statutes. SIGNATURE SIGNATURE JOSEPH SIMONIC								
Signature, typed or provided name of registerio agent and title it applicable (NOTE: Registered A				ature required v	when reinstalling)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.	ا م ا	ADD HONS/CHANGES TO OFFIC	CERS AND DIREC		
111LE	WILLIAMSON, WOODROW	OELETE	11 TITLE	pI	SEPH SIMONIC	[4] Cilaii	ge 🔲 Addition	
NAME STREET ADORE	0400 CW OF TEDD #404		1.2 NAME 1.3 STREET ADD		130 SW 94 TERR.			
CITY-ST-ZIP	FT. LAUDERDALE FL		14 CITY-ST-ZIF	1	Γ.LAUDERDALE FL.3	3324		
TITLE	PD	DELETE	2 1 TITLE			Chan	ge 🔲 Addition	
NAME	MUCHNICKI, CHARLES C		22 NAME	~ '	OOLPH HARTMILLER			
STREET ADDRE	ss 2151 SW 93RD WAY	• • • • • • • • • • • • • • • • • • • •						
CITY-ST-ZIP	FT. LAUDERDALE FL 33324		2 4 CHTY-ST-ZI	_P FI	L40a0WeRBale ^Y fl.	33324		
TITLE	DT	☐ DELETE	3 1 TITLE			Chan	ge 🔲 Addition	
NAME	DEMATTEIS, DORIS		3.2 NAME	ļ				
STREET ADDRE			3.3 STREET ADD	RESS				
CHTY-ST-ZIP	FT. LAUDERDALE FL	OC LET	3 4. CITY - ST - ZI	P		TV Obes	as D'Addition	
TITLE	VD SAM GORDON	DELETE	4.1 TITLE	I I	EROME HARRIS	⊠ Chan	ge 🔲 Addition	
NAME	0440 CW 04TH TERRANCE		4. 2 NAME	1 21	150 SW 94 TERR.			
STREET ADDRE	FT LAUDERDALE FL 33324		4.3 STREET ADD	""" 100 m	I. LAUDERDALE FL.	33324		
CITY-ST-ZIP TITLE	D D	DOELETE	4.4 CITY - ST - ZII 5 1 TITLE	D		Chan	ge Addition	
NAME	ANDERSON, MARY		5 2 NAME	1 -	AVID FALZAK	77	-	
STREET ADDRE	OACA CINI CODD WAY		5.3 STREET ADD		140 SW 94 TERR.			
CITY-ST-ZIP	FT. LAUDERDALE FL 33324		5.4 CITY - ST - ZII	- 1	r. LAUDERDALE FL.	33324		
TITLE	SD	DELETE	61 TITLE			Cnan	ge 🔲 Addition	
NAME	WEISS, ALFRED		6.2 NAME					
STREET ADORÉ			6.3 STREET ADD	RESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		6 4 Crty - St - Zr			min h i W		
14 Ldo be	who partification that the information appoind	with this filips is valuatedly form	iehad and doze ra	st awalifu for	the exemption stated in Section 119.0	zranizi Elozida St	atutos Eturthor	

4. 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:

MATURE AND PRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

124-5848

CR2E037 (12/95)