

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 33324-6817
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 07/23/1980	3a. Date of Last Report 03/13/1996
				4. FEI Number 59-2058714	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				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 SIMONIC, JOSEPH 2130 SW 94TH TERR FT LAUDERDALE FL 33324		10. Name and Address of New Registered Agent 81 Name CHUCK MUCHNICKI 82 Street Address (P.O. Box Number is Not Acceptable) 2151 SW 93 WAY APT 804 83 84 City FT LAUDERDALE FL 85 Zip Code 33324	
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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 617.1503, Florida Statutes.

SIGNATURE *Charles C. Muchnicki* DATE **2/21/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONIC, JOSEPH	1.2 NAME	CHUCK MUCHNICKI
STREET ADDRESS	2130 SW 94TH TERR	1.3 STREET ADDRESS	2151 SW 93 WAY APT. 804
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	FT LAUDERDALE FL. 33324
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMILLER, ADOLPH	2.2 NAME	
STREET ADDRESS	2140 SW 93RD WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMATTEIS, DORIS	3.2 NAME	
STREET ADDRESS	2141 S.W. 93 WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, JEROME	4.2 NAME	MARVIN SNYDER
STREET ADDRESS	2150 SW 94TH TERR	4.3 STREET ADDRESS	2140 SW 93 WAY APT 1202
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	FT LAUDERDALE FL 33324
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALZAK, DAVID	5.2 NAME	MARY ANDERSON
STREET ADDRESS	2140 SW 94TH TERR	5.3 STREET ADDRESS	2161 SW 93 WAY APT 901
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	FT LAUDERDALE FL 33324
TITLE	SD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, ALFRED	6.2 NAME	SAM GORDON
STREET ADDRESS	2130 SW 94 TERR	6.3 STREET ADDRESS	2140 SW 94 TERR APT 201
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	FT LAUDERDALE FL 33324

14. I do 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 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: *CHUCK MUCHNICKI* DATE **2/6/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0037147

CR2E037 (9/96)