


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. Mortham 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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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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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**

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 617.1507, 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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SIMONIC, JOSEPH	
STREET ADDRESS	2130 SW 94TH TERR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HARTMILLER, ADOLPH	
STREET ADDRESS	2140 SW 93RD WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	DEMATTEIS, DORIS	
STREET ADDRESS	2141 S.W. 93 WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, JEROME	
STREET ADDRESS	2150 SW 94TH TERR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FALZAK, DAVID	
STREET ADDRESS	2140 SW 94TH TERR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WEISS, ALFRED	
STREET ADDRESS	2130 SW 94 TERR	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHUCK MUCHNICKI	
1.3 STREET ADDRESS	2151 SW 93 WAY APT. 804	
1.4 CITY-ST-ZIP	FT LAUDERDALE FL. 33324	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARVIN SNYDER	
4.3 STREET ADDRESS	2140 SW 93 WAY APT 1202	
4.4 CITY-ST-ZIP	FT LAUDERDALE FL 33324	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARY ANDERSON	
5.3 STREET ADDRESS	2161 SW 93 WAY APT 901	
5.4 CITY-ST-ZIP	FT LAUDERDALE FL 33324	
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SAM GORDON	
6.3 STREET ADDRESS	2140 SW 94 TERR APT 201	
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)