

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90019 008 ****61.25

0048011

DOCUMENT # 753461

1. Entity Name

THE GARDENS 1 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9360 SW 23RD ST.
FT. LAUDERDALE FL 33324

9360 SW 23RD ST.
FT. LAUDERDALE FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2058714

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SNYDER, MARVIN D
2140 SW 93 WAY #1202
FT LAUDERDALE FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SNYDER, MARVIN	
STREET ADDRESS	2140 SW 93 WAY #1202	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GORDON, SAM	
STREET ADDRESS	2140 SW 94 TERR #201	
CITY-ST-ZIP	FORT LAUDERDALE FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEINSTEIN, SHIRLEY	
STREET ADDRESS	2131 SW 93 WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MUSHNICKI, DOLORES	
STREET ADDRESS	2161 SW 93 WAY #706	
CITY-ST-ZIP	FT LAUDERDALE FL 33324	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GEISLAND, DOROTHY	
STREET ADDRESS	2140 SW 94 TERR #203	
CITY-ST-ZIP	FORT LAUDERDALE FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOLZENFIELD, DENNIS	
STREET ADDRESS	2110 SW 94 TERR #502	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, MARY	
STREET ADDRESS	2161 SW 93 WAY #901	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEDRO, JULIUS	
STREET ADDRESS	2130 SW 94 TERR #304	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUCHNICKI, DOLORES	
STREET ADDRESS	2151 SW 93 WAY #803	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRISON, ROBERT	
STREET ADDRESS	2161 SW 93 WAY	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-2001/954/4245848

CR2E037 (10/00)