

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90174 011 ****61.25

DOCUMENT # 753461

1. Entity 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2058714	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNYDER, MARVIN 2140 SW 93 WAY #1202 FT. LAUDERDALE FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GORDON, SAM 2140 SW 94 TERR FORT LAUDERDALE FL 33324	<input checked="" type="checkbox"/> CHG Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, MARY 2161 SW 93 WAY #901 FT. LAUDERDALE FL 33324	<input checked="" type="checkbox"/> CHG Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MUSHNICKI, DOLORES 2151 SW 93 WAY #803 FT LAUDERDALE FL 33324	<input checked="" type="checkbox"/> CHG Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEDRO, JULIUS 2130 SW 94 TERR #304 FORT LAUDERDALE FL 33324	<input checked="" type="checkbox"/> CHG Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOLZENFIELD, DENNIS 2110 SW 94 TERR FT. LAUDERDALE FL 33324	<input checked="" type="checkbox"/> CHG Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GORDON, SAM 2140 SW 94 TERRACE #201 FT. LAUDERDALE, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR / ALTERNATE ANDERSON, MARY 2161 SW 93 way # 901 FT. LAUDERDALE, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MUCHNICKI, DOLORES 2151 SW 93 way #803 FT. LAUDERDALE, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER PEDRO, JULIUS 2130 SW 94 TERRACE #304 FT. LAUDERDALE, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORP SECRETARY STOLZENFELD 2110 SW 94 TERR # 502 FT. LAUDERDALE, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** **3-20-2002** **954-424-5848**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)