

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90028 009 ****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

54025642



MOORE CR2E037 (11/03)

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

WUCCHAICKI, CHARLES G
2151 SW 93 WAY #803
FORT LAUDERDALE FL 33324

7. Name and Address of New Registered Agent

Name: HARRISON, ROBERT
Street Address (P.O. Box Number is Not Acceptable)
2161 SW 93 WAY # 904
City: FT LAUDERDALE FL Zip Code: 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

R.P. Harrison

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-11-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUCHNICKI, CHARLES C 2151 SW 93 WAY #803 FORT LAUDERDALE FL 33324	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEINSTEIN, SHIRLEY 2131 SW 93 WAY # 604 FORT LAUDERDALE FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEDRO, SANDRA 2160 SW 93 WAY # 1003 FORT LAUDERDALE FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS BABCOCK, SIS 2141 SW 93 WAY #704 FORT LAUDERDALE FL 33324	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAIN, JOAN 2140 SW 94 TERR FORT LAUDERDALE FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, DOROTHY 2140 SW 93 WAY #1204 FORT LAUDERDALE FL 33324	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HARRISON, ROBERT 2161 SW 93 WAY # 904 FT LAUDERDALE FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR (ALTER-NATE) PANKOWSKI, Henry 2151 SW 93 WAY #801 FT. LAUDERDALE, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY, CORPORATE PEDRO, SANDRA 2160 SW 93 WAY #1003 FT. LAUDERDALE, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KUTNER, DAVID 2141 SW 93 WAY #701 FT. LAUDERDALE, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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:

R.P. Harrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-04

Date

(954) 4245848

Daytime Phone #