


**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

<b>DOCUMENT # 753461</b>			
1. Entity Name <b>THE GARDENS 1 CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>9360 SW 23RD ST. FT. LAUDERDALE FL 33324</b>		Mailing Address <b>9360 SW 23RD ST. FT. LAUDERDALE FL 33324</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**54025642**



MOORE CR2E037 (11/03)

4. FEI Number <b>59-2058714</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>WUCCHAICKI, CHARLES G 2151 SW 93 WAY #803 FORT LAUDERDALE FL 33324</b>		7. Name and Address of New Registered Agent Name: <b>HARRISON, ROBERT</b> Street Address (P.O. Box Number is Not Acceptable): <b>2161 SW 93 way # 904</b> City: <b>FT LAUDERDALE</b> FL Zip Code: <b>33324</b>	
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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. Hamilton* DATE: **2-11-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME MUCHNICKI, CHARLES C	<input checked="" type="checkbox"/> Delete	TITLE NAME PRESIDENT HARRISON, ROBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2151 SW 93 WAY #803		STREET ADDRESS 2161 SW 93 way #904	
CITY-ST-ZIP FORT LAUDERDALE FL 33324		CITY-ST-ZIP FT. LAUDERDALE, FL 33324	
TITLE NAME VP WEINSTEIN, SHIRLEY	<input type="checkbox"/> Delete	TITLE NAME DIRECTOR (interim)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2131 SW 93 WAY # 604		STREET ADDRESS 2151 SW 93 way #801	
CITY-ST-ZIP FORT LAUDERDALE FL 33324		CITY-ST-ZIP FT. LAUDERDALE, FL 33324	
TITLE NAME PEDRO SANDRA	<input type="checkbox"/> Delete	TITLE NAME SECRETARY, CORPORATE PEDRO SANDRA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2160 SW 93 WAY # 1003		STREET ADDRESS 2160 SW 93 way #1003	
CITY-ST-ZIP FORT LAUDERDALE FL 33324		CITY-ST-ZIP FT. LAUDERDALE, FL 33324	
TITLE NAME CS BABCOCK, SIS	<input checked="" type="checkbox"/> Delete	TITLE NAME TREASURER KUTNER, DAVID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2141 SW 93 WAY #704		STREET ADDRESS 2141 SW 93 way #701	
CITY-ST-ZIP FORT LAUDERDALE FL 33324		CITY-ST-ZIP FT. LAUDERDALE, FL 33324	
TITLE NAME CAIN, JOAN	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2140 SW 94 TERR		STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE FL 33324		CITY-ST-ZIP	
TITLE NAME HAMILTON, DOROTHY	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2140 SW 93 WAY #1204		STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE FL 33324		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: *R.P. Hamilton* DATE: **2-11-04** (954) 4245848

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