

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90161 049 \*\*\*\*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**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country



1st MOORE CR2E037 (10/04)

4. FEI Number: **59-2058714** Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**HARRISON, ROBERT**  
**2161 SW 93 WAY #904**  
**FORT LAUDERDALE FL 33324**

7. Name and Address of New Registered Agent  
 Name: **PAUL SILLIMAN, JR**  
 Street Address (P.O. Box Number is Not Acceptable): **2140 SW 94 TERRACE #203**  
 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: *Paul Silliman, Jr* DATE: **2/23/05**

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

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

FILE NOW: FEE IS \$61.25 Due By May 1, 2005

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: HARRISON, ROBERT STREET ADDRESS: 2161 SW 93 WAY #904 CITY-ST-ZIP: FORT LAUDERDALE FL 33324	<input checked="" type="checkbox"/> Delete	TITLE: President NAME: SILLIMAN, PAUL, JR. STREET ADDRESS: 2140 SW 94 TERRACE #203 CITY-ST-ZIP: FT. LAUDERDALE, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP NAME: WEINSTEIN, SHIRLEY STREET ADDRESS: 2131 SW 93 WAY CITY-ST-ZIP: FORT LAUDERDALE FL 33324	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SC NAME: PEDRO, SANDRA STREET ADDRESS: 2160 SW 93 WAY # 1003 CITY-ST-ZIP: FORT LAUDERDALE FL 33324	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: PANKOWSKI, HENRY STREET ADDRESS: 2161 SW 93 WAY #801 CITY-ST-ZIP: FORT LAUDERDALE FL 33324	<input type="checkbox"/> Delete <i>chg</i>	TITLE: DIRECTOR NAME: PANKOWSKI, HENRY STREET ADDRESS: 2151 SW 93 WAY # 801 CITY-ST-ZIP: FT. LAUDERDALE, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: CAIN, JOAN STREET ADDRESS: 2140 SW 94 TERR #204 CITY-ST-ZIP: FORT LAUDERDALE FL 33324	<input type="checkbox"/> Delete <i>ADD</i>	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: KUTNER, DAVID STREET ADDRESS: 2141 SW 93 WAY #701 CITY-ST-ZIP: FORT LAUDERDALE FL 33324	<input type="checkbox"/> Delete <i>chg</i>	TITLE: Vice President NAME: KUTNER, DAVID STREET ADDRESS: 2141 SW 93 WAY #701 CITY-ST-ZIP: 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: *Paul Silliman, Jr* DATE: **2-23-05** 954 424 5848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR