


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90111 040 ****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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01032007 Chg-NP CR2E037 (12/06)

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		7. Name and Address of New Registered Agent	
SILLIMAN, JR 2140 SW 94 TERRACE #203 FORT 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. I am familiar with, and accept the obligations of registered agent.

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

DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME SILLIMAN, PAUL JR STREET ADDRESS 2140 SW 94 TERRACE #203 CITY-ST-ZIP FORT LAUDERDALE, FL 33324	<input type="checkbox"/> Delete <i>Davie</i>	TITLE VP NAME Wayne Phoenix STREET ADDRESS 2150 SW 94th Terrace #103 CITY-ST-ZIP Davie FL 33324	<input type="checkbox"/> Change <input checked="" 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 <i>Davie</i>	TITLE DIR NAME Robert Harrison STREET ADDRESS 2161 SW 94th Terrace # 904 CITY-ST-ZIP Davie FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME PANKOWSKI, HENRY STREET ADDRESS 2151 SW 93 WAY #801 CITY-ST-ZIP FORT LAUDERDALE, FL 33324	<input type="checkbox"/> Delete <i>Davie</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME KUTUER, DAVID STREET ADDRESS 2141 SW 93 WAY #701 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 D NAME PCORO, JULIUS STREET ADDRESS 2130 SW 74 TERR 304 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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* Paul Silliman 1/12/07 954-424-5848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #