## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 753461  1. Entity Name THE GARDENS 1 CONDOMINIUM ASSOCIATION, INC.						01-22-2007	7 90111 0	40 ****6	1.25
Principal Place of Business Mailing Address 9360 SW 23RD ST. 9360 SW 23RD ST. FT. LAUDERDALE, FL 33324 FT. LAUDERDALE, FL 33324						Englis anno seons sisteman in	DE BERGE BERGE BEB	<b>                                    </b>	1601 21 1 <b>101</b>
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•		01032007	Chg-NP	CR2E03	7 (12/06)	
City & State		City & State		4. FEI Number 59-2058			1 I	plied For at Applicable	
Zíp	Country	Zip	Cou	intry	5. Certificate of Status Desired			\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New I	Registered A	gent	
SILLIMAN,	JR 94 TERRACE #203			Name Street Address	ss (P.O. Box Number	is Not Acceptable			
	DERDALE, FL 33324								
				City	<del>-</del>		FL	Zip Code	e
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	register	ed office or regis	stered agent, or both	, in the State of Fl	lorida. I am f	amiliar with,	and accept
SIGNATURE  Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent eignature req	quired when reinstating)		DATE		
	Filling Fee is \$61.25 Due by May 1, 2007	9. Election Car Trust Fund (	mpaign f	inancing	\$5.00 May Be Added to Fees		Make check		
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I nereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytme Phone #
SIGNATURE: Pout Silliman Paul Silliman	1/12/07	954-424-5848