


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90029 013 ****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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01172008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2058714	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SILLIMAN, JR 2140 SW 94 TERRACE #203 FORT LAUDERDALE, FL 33324				7. Name and Address of New Registered Agent	
				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: <u><i>Paul Silliman</i></u>				DATE: <u>2/19/08</u>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SILLIMAN, PAUL JR	NAME	Leah Charnov		
STREET ADDRESS	2140 SW 94 TERRACE #203	STREET ADDRESS	2150 SW 94 TERR. #103		
CITY-ST-ZIP	DAVIE, FL 33324	CITY-ST-ZIP	DAVIE, FL 33324		
TITLE	SC <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PEDRO, SANDRA	NAME	Kevin Devery		
STREET ADDRESS	2160 SW 93 WAY # 1003	STREET ADDRESS	2150 SW 94 TERR. #103		
CITY-ST-ZIP	DAVIE, FL 33324	CITY-ST-ZIP	DAVIE, FL 33324		
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	PANKOWSKI, HENRY	NAME			
STREET ADDRESS	2151 SW 93 WAY #801	STREET ADDRESS			
CITY-ST-ZIP	DAVIE, FL 33324	CITY-ST-ZIP			
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE			
NAME	PHOENIX, WAYNE	NAME			
STREET ADDRESS	2150 SW 94TH TERRACE #103	STREET ADDRESS			
CITY-ST-ZIP	DAVIE, FL 33324	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	PCORO, JULIUS	NAME			
STREET ADDRESS	2130 SW 74 TERR 304	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324	CITY-ST-ZIP			
TITLE	DIR <input type="checkbox"/> Delete	TITLE			
NAME	HARRISON, ROBERT	NAME			
STREET ADDRESS	2161 SW 94TH TERRACE #904	STREET ADDRESS			
CITY-ST-ZIP	DAVIE, FL 33324	CITY-ST-ZIP			
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: <u><i>Paul Silliman</i></u> <u>PAUL SILLIMAN</u>				DATE: <u>2/19/08</u> DAYTIME PHONE # <u>954 707 0672</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	