

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **756804** (1)
1. Corporation Name
GARDENS CONDOMINIUM WAREHOUSE ASSOCIATION, INC.



Principal Place of Business: 10258 RIVERSIDE DRIVE STE. 3 PALM BEACH GARDENS FL 33410 US
Mailing Address: 10258 RIVERSIDE DRIVE STE 3 PALM BEACH GARDENS FL 33410 US

3. Date Incorporated or Qualified: 03/17/1981
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2247883
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

21. Principal Place of Business: 21
22. Suite, Apt. #, etc.: 22
23. City & State: 23
24. Zip: 24
25. Country: 25
26. Mailing Address: 26
27. Suite, Apt. #, etc.: 27
28. City & State: 28
29. Zip: 29
30. Country: 30

9. Name and Address of Current Registered Agent
KANITSCH, LOUIS T.
10258 RIVERSIDE DRIVE
SUITE #3
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent
81 Name: TIMOTHY J. MOORE
82 Street Address (P.O. Box Number is Not Acceptable): 10258 Riverside Drive
83 Suite 1
84 City: Palm Beach Gardens FL 85 Zip Code: 33410

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: *Timothy J. Moore* 3/25/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KANITSCH, LOUIS T.	
STREET ADDRESS	10258 RIVERSIDE DR. #3	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	STDS	<input type="checkbox"/> DELETE
NAME	KANITSCH, MARGARET R.	
STREET ADDRESS	10258 RIVERSIDE DR. #3	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, MARY L.	
STREET ADDRESS	10258 RIVERSIDE DR. #6	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BITTLE, FRANK	
STREET ADDRESS	10258 RIVERSIDE DR. STE 5	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	President	
1.3 STREET ADDRESS	Timothy J. Moore	
1.4 CITY-ST-ZIP	10258 Riverside Dr. Suite 2 Palm Beach Gardens FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mary J. Keating	
2.3 STREET ADDRESS	10258 Riverside Dr Suite 2	
2.4 CITY-ST-ZIP	Palm Beach Gardens FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: *Timothy J. Moore* Pres 3/12/96 (407) 775-5882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

3-29-1996