FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #- Corporation Name

(1)

GARDENS CONDOMINIUM WAREHOUSE ASSOCIATION, INC.

Mar 03 1998 8:00am Secretary of State

Principal Place of Business Mailing Address										- 1900)) (000) BIIIA BIIIA BIII ABIII BIAN BIBN BIBN B		
10258 RIVERSIDE DRIVE				102	10258 RIVERSIDE DRIVE					3. Date Incorporated or Qualified		
STE. 3 PALM BEACH GARDENS FL 33410					STE 3					03/17/1981		
US				US	PALM BEACH GARDENS FL 33410 US						pplied For	
										59-2247883 N	ot Applicable	
2, 21	<u> </u>	pal Place of Business			2a. Mailing Address 26				•	5. Certificate of Status Desired \$8.75	Additional equired	
Ļ	Sulte, Apt.	Sulte, Apt. #, etc.			Suite, Apt. #, etc.					Election Campaign Financing \$5.00		
22	City & State	City & State			City & State					Trust Fund Contribution		
23	City & Stati	a state			28					7. Is this nonprofit corporation a homeowners association? Yes No		
l	Zip	Country			Zip Country					8. This corporation owes or has paid the current year Intangible		
24		25			29 30					Personal Property Tax due June 30. X Yes	□ No	
9. Name and Address of Current Registere					tered Agent					10. Name and Address of New Registered Agent		
							8	1	Name			
	MOORE, TIMOTHY J							2	Street Add	ress (P.O. Box Number is Not Acceptable)		
l	10258 RIVERSIDE DRIVE SUITE #1 PALM BEACH GARDENS FL 33410						8	+			 	
								1				
	PALM BE	EAUH GAH	DENS FL 33410				84	4	City	85 Zip	Code	
44	Purcuent	to the provis	lone of Sections 617 05	02 and 6	17 1509 Elorido Stati	utos th	0.000	Ť	named core	FL 30 2.10		
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 changin 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										registered		
ı		m remilier w	ith, and accept the oblig	jations of	ons of, Section 617.0503, Florida Sta			es.				
Si	SIGNATURE Signature, typed or printed name of registered agent and title if appl				il applicable. (NC	pplicable. (NOTE: Registered Agent signature re			t signature requi	i/red when reinstating) DATE		
12	12. OFFICERS AND DIRECT						•		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12		
7117	LE	STDS			☐ DELETE		1.1 TITLE			☐ Change	Addition	
NA	ME	KANITSCH, MARGARET R.					1.2 NAME					
ST	TREET ADDRESS 10258 RIVERSIDE DR. #			1.3			1.3 STREE	ET A	address			
	TY-ST-ZIP							1.4 CITY-ST-ZIP				
TIT		PD MOODS THATTING						2.1 TITLE		☐ Change	Addition	
	MOORE, TIMOTHY J			•	2.2 h							
	STREET ADDRESS 10258 RIVERSIDE DR. SUITE 2							2.3 STREET ADDRESS		7		
_	CITY-ST-ZIP PALM BEACH GARDENS FL 33-			33410				2. 4 CITY - ST - ZIP 3.1 TITLE		Change	Addition	
	ME BITTLE, FRANK				3.21					i cindiliga	L_1 Addition	
	STREET ADDRESS 10258 RIVERSIDE DR. STE 5				I ''				DDRESS			
	CITY-ST-ZIP PALM BEACH GARDENS FL											
717					DELETE	_	3.4. CITY-ST-ZIP 4.1 TITLE		- 211	Change	Addition	
NA.	ME KEATING, MARY J				4.2			E		•	_	
STI	STREET ADDRESS 10258 RIVERSIDE DR SUITE 2			2	4.3 \$			ET AI	DDRESS			
CITY-ST-ZIP PALM BEACH GARDENS FL 33			33410				ST-	- ZIP				
TIT	LE				DELETE	5	5.1 TITLE			☐ Change	☐ Addition	
NA	ME					5	5.2 NAME					
ST	REET ADDRESS					5	5.3 STREE	ET AI	DORESS			
	Y-ST-ZIP						5.4 CITY-	ST-	- ZIP			
TIT	1				☐ DELETE		6.1 TITLE			Change		
NA							6.2 NAME					
	REET ADDRESS						6.3 STREE					
	Y-SY-ZIP Libereby c	entify that th	a information supplied w	vith this fi	ilina daes not quelify	for the	6.4 CITY-	niic	on stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the	information	
'	Indicated	on this annu	al report or supplement	al annual	report is true and ac	ccurate	and th	hat	my signatu	ure shall have the same legal effect as if made under oath; the	at lam an	
	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 3 if chapter 6 or on an attachment with an address.											

MARGARET-ROSE KANITSCH 2/25/98