

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756804

1. Entity Name

GARDENS CONDOMINIUM WAREHOUSE ASSOCIATION, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90020 005 ****61.25

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 33410-4876 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2247883	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MOORE, TIMOTHY J
10258 RIVERSIDE DRIVE
SUITE #1
PALM BEACH GARDENS FL 33410

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	STDS	<input type="checkbox"/> Delete
NAME	KANITSCH, MARGARET R.	
STREET ADDRESS	10258 RIVERSIDE DR. #3	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOORE, TIMOTHY J	
STREET ADDRESS	10258 RIVERSIDE DR. SUITE 2	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	T	<input type="checkbox"/> Delete
NAME	BITTLE, FRANK	
STREET ADDRESS	10258 RIVERSIDE DR. STE 5	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KEATING, MARY J	
STREET ADDRESS	10258 RIVERSIDE DR SUITE 2	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *MARGARET ROSE KANITSCH* MARGARET-ROSE KANITSCH 2/17/2000 (561)627-4283
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)