

FILE NOW: FILING FEE IS \$61.25

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Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **756849** (6)
1. Corporation Name
JAPANESE GARDENS HOMEOWNERS CORPORATION, INC.

Principal Place of Business 6181 TEAHOUSE ROAD VENICE FL 34293	Mailing Address 6181 TEAHOUSE ROAD VENICE FL 34293
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3. Date Incorporated or Qualified 03/19/1981	
4. FEI Number 59-2080104	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 31 Japanese Gardens Suite, Apt. #, etc. 6181 Teahouse Road City & State Venice, FL 34293 Zip Sarasota	2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**WALCZAK, CHARLES
6181 TEAHOUSE RD
VENICE FL 33595**

10. Name and Address of New Registered Agent
81 Name Edwin L. Brady
82 Street Address (P.O. Box Number is Not Acceptable) 6181 Teahouse Road
83
84 City Venice
85 Zip Code FL 34293

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 **Edwin L. Brady** *Edwin L. Brady* **3/12/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHONGOOD, RUTH J.E 500 MORNING GLORY DRIVE VENICE FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALCZAK, CHARLES 501 LOTUS BLOSSOM DR VENICE FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POUDRIER, HERVE 6211 DAFFODIL ROAD VENICE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWSER, GEORGINA 5740 FORSYTHIA RD. VENICE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPION, NORMA LEE 651 GLORIOSA DRIVE VENICE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRADY, EDWIN 5631 ORANGE BLOSSOM VENICE FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T John Taylor 730 Dahlia Venice, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VP Norma Campion 5720 Orange Blossom Venice, FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	P Edwin L. Brady 5631 Orange Blossom Venice, FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: **Edwin L. Brady** *Edwin L. Brady*

941-493-0033

CR2E037 (10/97)