

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 765765 (3)**

1. Corporation Name  
**GARDENWAY CONDOMINIUM F, G, H, I AND J MAINTENANCE ASSOCIATION, INC.**



Principal Place of Business <b>C/O CMD MANAGEMENT, INC 3082 JOG ROAD LAKE WORTH FL 33467</b>	Mailing Address <b>C/O CMD MANAGEMENT, INC 3082 JOG ROAD LAKE WORTH FL 33467-2053</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/01/1982</b>	3a. Date of Last Report <b>03/25/1996</b>
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>59-2328679</b>	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
25. Country	30. Country	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
<b>ROSENTHAL, DAVID C. C/O CMD MANAGEMENT, INC 3082 JOG ROAD LAKE WORTH FL 33467</b>		81. Name			
		82. Street Address (P.O. Box Number is Not Acceptable)			
		83. City			
		84. City	<b>FL</b>	85. Zip Code	

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 *David C. Rosenthal* DATE **1/30/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HART, MICHAEL</b>	1.2 NAME	
STREET ADDRESS	<b>12120 ALT A1A H-1</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUDANO, JACKIE</b>	2.2 NAME	
STREET ADDRESS	<b>12104 ALT. A1A G-3</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE PARK FL 33410</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOONAN, MICHELLE</b>	3.2 NAME	
STREET ADDRESS	<b>12096 ALT. A1A F-1</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE PARK FL 33410</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Joyce Mercer</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>12120 Alt. A1A, H-2</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Michael Hart* DATE: **3/1/97** TELEPHONE: **561-622-6512**

CR2E037 (9/96)