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Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 765765 (3)
1. Corporation Name
GARDENWAY CONDOMINIUM F, G, H, I AND J MAINTENANCE ASSOCIATION, INC.



Principal Place of Business: C/O CMD MANAGEMENT, INC 3082 JOG ROAD LAKE WORTH FL 33467
Mailing Address: C/O CMD MANAGEMENT, INC 3082 JOG ROAD LAKE WORTH FL 33467

3. Date incorporated or Qualified: 11/01/1982
4. FEI Number: 59-2328679
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 C/O PRIDE MANAGEMENT 111 EGRET DRIVE JUPITER, FL 33458
2a. Mailing Address: 26 C/O PRIDE MANAGEMENT 111 EGRET DRIVE JUPITER, FL 33458
22 City & State: 23 JUPITER, FL
24 Zip: 25 33458
27 City & State: 28 JUPITER, FL
29 Zip: 30 33458

9. Name and Address of Current Registered Agent: ROSENTHAL, DAVID C. C/O CMD MANAGEMENT, INC 3082 JOG ROAD LAKE WORTH FL 33467

10. Name and Address of New Registered Agent: 81 Name: Donald S. Fredley
82 Street Address (P.O. Box Number is Not Acceptable): 27 Peaseck Lane Suite 104
83
84 City: Jupiter FL 85 Zip Code: 33458

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: Donald S. Fredley (Signature) Donald S. Fredley (Signature) 2-13-98 (Date)
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HART, MICHAEL	
STREET ADDRESS	12120 ALT A1A H-1	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SUDANO, JACKIE	
STREET ADDRESS	12104 ALT. A1A G-3	
CITY-ST-ZIP	LAKE PARK FL 33410	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NOONAN, MICHELLE	
STREET ADDRESS	12086 ALT. A1A F-1	
CITY-ST-ZIP	LAKE PARK FL 33410	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MERCER, JOYCE	
STREET ADDRESS	12120 ALT A1A H-2	
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 checked="" type="checkbox"/> Addition
1.2 NAME	J. WAYNE LACKY	
1.3 STREET ADDRESS	12138 ALT. A1A I-1	
1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MICHAEL KEESECKER	
2.3 STREET ADDRESS	12138 ALT. A1A I-2	
2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MICHELLE NOONAN	
3.3 STREET ADDRESS	244 N. BAY COLONY DR.	
3.4 CITY-ST-ZIP	JUNO BEACH, FL 33408	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOYCE MERCER	
4.3 STREET ADDRESS	12120 ALT. A1A H-2	
4.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ALYETTE KELDIE	
5.3 STREET ADDRESS	12120 ALT. A1A H-3	
5.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
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 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: [Signature] 2-5-98 122-1466

CR2E037 (10/97)