

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 767561 (4)

1. Corporation Name
GARDENWAY CONDOMINIUM A, B, C, D AND E MAINTENANCE ASSOCIATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 31873 P.O. BOX 31873
PALM BEACH GARDENS FL 33420 PALM BEACH GARDENS FL 33420

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 11 51 21

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/21/1983 3a. Date of Last Report 04/29/1994
4. FEI Number 59-155551 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 12030 ALTERNATE A-1A 26 12030 ALTERNATE A-1A
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 A-9 27 A-9
City & State City & State
23 Palm Beach Gardens, FL 28 Palm Beach Gardens, FL
Zip Country Zip Country
24 33400 25 Palm Beach 29 33410 30 Palm Beach

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
DICKER, ED, ST JOHN & KING
500 AUSTRALIAN AVE SOUTH
CLEARLAKE PLAZA STE 600
W PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, B.A.	1.2 NAME	PD PAT MCGARRAHAN
STREET ADDRESS	11128 RAMSON CT	1.3 STREET ADDRESS	XXXXXXXXXXXX 12030 ALT. A-1-A A8
CITY - ST - ZIP	FT WAYNE IN	1.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL. 33410
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRERO, KATHLEEN	2.2 NAME	
STREET ADDRESS	12038 ALTERNATE A1A B4	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BCH GRDNS FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, DANIEL	3.2 NAME	VD BERTHA MONTGOMERY
STREET ADDRESS	14333 ABBOTE CTR RD	3.3 STREET ADDRESS	12052 ALT A1A UNIT C-7
CITY - ST - ZIP	FT WAYNE IN	3.4 CITY - ST - ZIP	PALM BRACH GARDENS, FL 33410
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, MYRA M.	4.2 NAME	
STREET ADDRESS	12038 ALT. A1A #B-1	4.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GARDENS FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	ESTELLE ISLER
STREET ADDRESS		5.3 STREET ADDRESS	12070 ALT. A1A D-8
CITY - ST - ZIP		5.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Myra M. Gould - Myra M. Gould 6/5/95 (407) 845-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Optional Phone #)