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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
12030 ALTERNATE A-1-A UNIT A-99 PALM BEACH GARDENS FL 33410 US
~~12030 ALTERNATE A-1-A UNIT A-99 PALM BEACH GARDENS FL 33410-2362 US~~

3. Date Incorporated or Qualified 03/21/1983
3a. Date of Last Report 02/19/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Assoc Property Maint
22 City & State 27 400 S. Dixie Hwy #10
23 Lake Worth FL
24 Zip 25 Country 29 33460 30 USA

4. FEI Number 59-1555511 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 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 Associated Property Maint
82 Street Address (P.O. Box Number is Not Acceptable) 400 South Dixie Hwy, #10
83
84 City Lake Worth FL 85 Zip Code 33460

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 *[Signature]* Agent DATE 2/19/97

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/>
NAME	MCGARRAHAN, PAT	
STREET ADDRESS	12030 ALT. A-1-A A8	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	CALLAHAN, JANICE	
STREET ADDRESS	12070 ALT A1A, #D-3	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	MONTGOMERY, BERTHA	
STREET ADDRESS	12052 ALT A1A UNIT C-7	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	GOULD, MYRA M.	
STREET ADDRESS	12036 ALT. A1A #B-1	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	AS	<input checked="" type="checkbox"/>
NAME	ISLER, ESTELLE	
STREET ADDRESS	12070 ALT. A1A D-8	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	SD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	McCracken, Cindy		
2.3 STREET ADDRESS	12036 ALT A1A, B-7		
2.4 CITY-ST-ZIP	PBB, FL		
3.1 TITLE	TD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Eppler, Esther		
3.3 STREET ADDRESS	12052 Alt. A1A, C-6		
3.4 CITY-ST-ZIP	PBB, FL		
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
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: *Esther Eppler* DATE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)