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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

SIGNATURE:

767561

(4)

GARDENWAY CONDOMINIUM A, B, C, D AND E MAINTENAN CE ASSOCIATION, INC.

## FILED Mar 26 1998 8:00am Secretary of State

E RADONI (REKA OKKI (RODK) DINIO BIKAN KIGI AKDIK SURKI DIDIK OKDIK DIDIK DADIK DIDIK BURKI KODIK

| Principal Place of Business Malling Address  |  |                          |  |                               |                | 1 100111 10810 01111 10001 01110 01131   | 1161 BIGII 8181 | ) <b>01911 01011 01</b> 0 | II 21211 (931 |
|--|--|--------------------------|--|-------------------------------|----------------|--|-----------------|---------------------------|---------------|
| 12030 ALTERNA  | TE A-1-A   | ASSOC. PRO               | OPTY MGNT.                             |                               |                | 3. Date Incorporated or Qualified  | -               |                           |               |
| UNIT A-99  | ADDENIC EL POARO   |                          | 400 SO DIXIE HIGHWAY STE 10            |                               |                | 03/21/1983   |                 |                           |               |
| US   | ARDENS FL 33410  | US US                    |  |                               |                | 4. FEI Number  |                 | Apı                       | plied For     |
|  |  |                          |  |                               |                | 59-1555511   |                 | Not                       | t Applicable  |
| 2. Principal Pl  | ace of Business  | 2a. Mailing<br>26        | <del></del>                            |                               |                | 5. Certificate of Status Desired   |                 | \$8.75 A<br>Fee Rec       |               |
| Suite, Apt.  | #, etc.  | _                        | Suite, Apt. #, etc.                    |                               |                | 6. Election Campaign Financing   | <b>(</b> )      | \$5.00 M                  |               |
| 22   |  |                          | City & State                           |                               |                | Trust Fund Contribution  | <u> </u>        | Added to                  |               |
| City & State   |  | <b>├</b> ─ `             | 28                                     |                               |                | 7. Is this nonprofit corporation a homeownens suscitation?                       |                 |                           |               |
| Zip  | Country  | Zip                      |  | Country                       |                | 8. This corporation owes or has p  |                 |                           | andible       |
| 24   | 25   | 29                       | 34                                     | 0                             |                | Personal Property Tax due Jun-   | _               |                           | No            |
|  | 9. Name and Address of Curr  | ent Registered A         | gent                                   |                               |                | 10. Name and Address of New R  | agistered A     | gent                      |               |
|  |  |                          |  | 81 /4                         | Boci           | ated Property May  | nt of           | P.Boa                     | chesin        |
|  |  |                          |  |                               |                | ss (P.O. Box Number is Not Accepte   |                 | 1 00                      | <u> </u>      |
| 500 AUS  | TRALIAN AVE SOUTH  |                          | <u> </u>                               |                               |                | auth Dixie Highway   |                 |                           |               |
| CLEARL   | AKE PLAZA STE 600  |                          | 83  Suit                               |                               |                | #10  | ب               | l                         |               |
| W PALM BEACH FL 33401 B4 City /  |  |                          |  |                               |                | ( )-0//  |                 | 85 Zip.0                  | iode .        |
| 77 5   | 10-67-047-0  | FAO J 047 4500           | Florido Ctot dos                       | ****                          | <u> </u>       | pration submits this statement for the   | FL              | <i>رد:</i> ا              | 765           |
| office or u  | io the provisions of Sections 617.0<br>agistered agent, or both, in the St | ite of Florida, Such     | , Florida Statutes<br>i change was aut | horized by the                | corporatio     | oration submits this statement for the<br>on's board of directors. I hereby acce | bolbose of      | ointment as i             | registered    |
| agent. Tai   | m amiliar with and accord the ob   | ligations of, Section    | n 617.0503, Florid                     | da Statutes.                  | -              | <  | c               | 40                        |               |
| SIGNATURE:   | Signature, typed or plinted name of Mg latered                             | agent and the Kanglicabi |  | legistered Agent sign         | ature required | ( when reinstatino)  | DATE            | <b>_0</b> _               |               |
| 12.  |  | ND DIRECTORS             |  | 13.                           |                | ADDITIONS/CHANGES TO OFFI  | CERS AND        | DIRECTOR                  | S IN 12       |
| TITLE  | PD   |                          | DELETE                                 | 1.1 TITLE                     | 1PD            |  |                 | Change                    | Addition      |
| NAME   | MCGARRAHAN, PAT  |                          |  | 1.2 NAME                      | Bec            | upke, Moria<br>036 Alternate A IA, (   |                 |                           |               |
| STREET ADDRESS   | 12030 ALT. A-1-A A8  |                          |  | 1.9 STREET ADDRE              | ss   )24       | 0'36 'Alternate A IA, '  | 1B-C            |                           |               |
| CITY-ST-ZIP  | PALM BEACH GARDENS FL  | <u> </u>                 |  | 1.4 CITY-ST-ZIP               |                | G, FL  |                 |                           | T1            |
| TITLE  | SD   |                          | DELETE                                 | 2.1 TITLE                     | 5D             |  |                 | Change                    | Addition      |
| NAME   | MCCRACKEN, CINDY   |                          | •                                      | 2.2 NAME                      | $\omega$       | lbur, Jonet<br>52 Alternate AIA,   | 4 /-(           |                           |               |
| STREET ADDRESS   | 12036 ALT. A1A STE B-7   | •                        |  | 2.3 STREET ADDRI              |                |  | <b>-</b> 7      |                           |               |
| CITY-ST-ZIP  | PALM BEACH GARDENS FL  |                          | DELETE                                 | 2. 4 CITY-ST-ZIP<br>3.1 TITLE | <u> </u>       | 6,FL   |                 | ☐ Change                  | Addition      |
| TITLE<br>NAME  | td<br>Eppler, esther   |                          |  | 3.2 NAME                      | ŀ              | •  |                 |                           |               |
| STREET ADDRESS   | 12052 ALT. A1A, STE C-6  |                          |  | 3.3 STREET ADDRI              | :00            |  |                 |                           |               |
| CITY-ST-ZIP  | PALM BEACH GARDENS FI  | 1                        |  | 3.4. CITY-ST-ZIP              |                |  |                 |                           |               |
| TITLE  | Them on total or the principle of  | <b>=</b>                 | DELETE                                 | 4.1 TITLE                     | 1              |  |                 | Change                    | Addition      |
| NAME   |  |                          |  | 4. 2 NAME                     |                |  |                 |                           |               |
| STREET ADDRESS   |  |                          |  | 4.3 STREET ADDRI              | SS             |  |                 |                           |               |
| CITY-ST-ZIP  |  |                          |  | 4.4 CITY-ST-ZIP               |                |  |                 |                           |               |
| TITLE  |  |                          | DELETE                                 | 5.1 TITLE                     |                |  |                 | L Change                  | Addition      |
| NAME   |  |                          |  | 5.2 NAME                      |                |  |                 | *                         |               |
| STREET ADDRESS   |  |                          |  | 5.3 STREET ADDRE              | ESS            |  |                 |                           |               |
| CITY-ST-ZIP  |  |                          | Delege                                 | 5.4 CITY-ST-ZIP               |                |  |                 | Change                    | [] Addition   |
| TITLE  |  |                          | DELETE                                 | 6.1 TITLE                     | 1              |  |                 | CHARGE                    |               |
| NAME   |  |                          |  | 6.2 NAME                      |                |  |                 |                           |               |
| STREET ADDRESS   |  |                          |  | 6.3 STREET ADDR               | :00            |  |                 |                           |               |
| 14. I hereby o   | pertify that the information supplied                                      | with this filing doe     | es not qualify for                     | 6.4 CITY-ST-ZIP               | stated in S    | Section 119.07(3)(i), Florida Statutes.  | I further ce    | rtify that the            | Information   |
| 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. |  |                          |  |                               |                |  |                 |                           |               |