

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90154 009 ****61.25

DOCUMENT # 767561

1. Entity Name

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



Principal Place of Business

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

Mailing Address

ASSOC. PROPTY MGNT.
400 SO DIXIE HIGHWAY STE 10
LAKE WORTH FL 33460
US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

c/o Associated Prop.
Suite, Apt. #, etc.
1928 Lake Worth Rd.

City & State
Lake Worth, FL

Zip
33461

3. Mailing Address

c/o Associated Prop.
Suite, Apt. #, etc.
1928 Lake Worth Rd.

City & State
Lake Worth, FL

Zip
33461

4. FEI Number 59-1555511

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASSOCIATED PROPERTY MGME OF PALM BEACHES I
400 SOUTH DIXIE HIGHWAY
SUITE #10
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name Associated Prop. Mgmt.
Street Address (P.O. Box Number is Not Acceptable)
1928 Lake Worth Rd
City Lake Worth FL Zip Code 33461

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Agent 4/2/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	REUPKE, MARIA	
STREET ADDRESS	12036 ALTERNATE A1A, 4B-C	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	COOK, SIBYL	
STREET ADDRESS	12052 ALT A1A #C-1	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CRYAN, KARI	
STREET ADDRESS	12076 ALT A1A # E1	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SAENZ, NANCY	
STREET ADDRESS	12030 ATL A1A #A-3	
CITY-ST-ZIP	WEST PALM BEACH FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sary Williams	
STREET ADDRESS	12052 ALT A-1-A # C3	
CITY-ST-ZIP	P.B. Gardens, FL 33410	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Theresa Carpenter	
STREET ADDRESS	12070 ALT A1A #01	
CITY-ST-ZIP	P.B. Gardens, FL 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED (Sary Williams)

3-18-03

561-835-790

CR2E037 (10/02)