2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOC! IMENIT # 768188

FILED Jan 18, 2007 8:00 am Secretary of State 01-18-2007 90101 013 ****61.25

1. Entity Name THE GARDENS 3 CONDOMINIUM ASSOCIATION, INC.							01 10 200		31. 2 0	
9360 SW 23 STREET 936			Mailing Address 9360 SW 23 STREI FT. LAUDERDALE, I			60	003564	-		
2. Principal Place of Business - No P.O. Box # 3. N			3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01032007	Chg-NP	CR2E037 (12/0	16)	
City & State			City & State			4. FEI Number 59-2300			Applied For Not Applicable	
Zip Country		Žip			5. Certificate of	f Status Desired	□ \$8.75 Fee Req	Additional juired		
	6. Name	and Address of Current	Registered Agent				Address of New R			
PINSON, ROBERT 2100 SW 92 TERRACE					Name Marvin Simon Street Address (P.O. Box Number is Not Acceptable) # 2903					
#3101 FORT LAUDERDALE, FL 33324					2120		and To	- 6.,0	, ,	
					City	ωìe			3324	
	named entiti ions of regist	y submits this statement fo tered agent.	the purpose of changin	g its register	ed office or reg	gistered agent, or both	, in the State of Flo	rida. I am familiar v	with, and accept	
SIGNATURE	Signature, typed	for printed name of registered agent	and title if applicable.	NOTE: Registere	ed Agent signature re	quired when reinstating)		DATE		
Filing Fee is \$61.25 9. Election Camp Due by May 1, 2007 Trust Fund Co										
	_					\$5.00 May Be Added to Fees		ake check payab ida Department o		
10.	_		Trust Fu		tion.	Added to Fees	Flori		of State	
10.	_	lay 1, 2007	Trust Fu	nd Contribu	tion.	Added to Fees ADDITIONS/CHA	Flori NGES TO OFFICE	da Department o	S IN 10	
	Due by N	lay 1, 2007	Trust Fu	nd Contribut	E 2	Added to Fees ADDITIONS/CHA	NGES TO OFFICE	da Department o	of State S IN 10 nge ☑ Áddition	
TITLE	2VP MONTGO	ARY 1, 2007 OFFICERS AND DIF	Trust Fu	nd Contribut	E 2	Added to Fees ADDITIONS/CHA	NGES TO OFFICE	ida Department o	of State S IN 10 nge ☑ Áddition	
TITLE NAME	2VP MONTGO 2100 SW	OFFICERS AND DIF	Trust Fu	11. TITL NAM	E 2. AE 7. EET ADORESS 2	Added to Fees ADDITIONS/CHA ON UP ON UP	NGES TO OFFICE 2ncola 92nd T	ida Department o	of State S IN 10 nge ☑ Áddition	
TITLE NAME STREET ADDRESS	2VP MONTGO 2100 SW	OFFICERS AND DIF OMERY, JIM 92 TERR 3102	Trust Fu	11. TITL NAM	E 2. AE 7. EET ADDRESS 7. (-ST-ZIP 7.	Added to Fees ADDITIONS/CHA MLUP ONY CIO 230 SW OQUIE F	Floringes to office 2nco la 92nd T	RS AND DIRECTOR Char Char	S IN 10 S IN 10 Addition S IN 2502	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP MONTGO 2100 SW FT. LAUD	OFFICERS AND DIF OMERY, JIM 92 TERR 3102 DERDALE, FL 33324	Trust Fu	nd Contribut 11. TIT. NAM STRI CITY	E 2. AE 7. EET ADDRESS 7. (-ST-ZIP 7.	Added to Fees ADDITIONS/CHA MLUP ONY CIO 230 SW OQUIE F	Floringes to office 2nco la 92nd T	RS AND DIRECTOR Char Char	S IN 10 S IN 10 Addition S IN 2502	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	2VP MONTGO 2100 SW FT. LAUD TD WHALEY 2210 SW FT. LAUD	OFFICERS AND DIF OMERY, JIM 92 TERR 3102 DERDALE, FL 33324 , JOAN 92 TERR #2703 DERDALE, FL 33324	Trust Fu	11. III. NAM STRI CITY IIIL NAM STRI CITY STRI STRI STRI STRI STRI STRI STRI STRI	E 2. AE 7. EET ADORESS 7. E 0. E 0. EET ADORESS 2. EET ADORESS 2.	Added to Fees ADDITIONS/CHA MLUP ONY CIO 230 SW OQUIE F	Plori NGES TO OFFICE 2nco/a 92nd T 6 335 Veiner 92nd T	Charace	S IN 10 S IN 10 Addition S IN 2502	
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Win DRGS
PED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR