

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90062 026 \*\*\*\*61.25

**DOCUMENT # 768188**

1. Entity Name  
**THE GARDENS 3 CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**9360 SW 23 STREET  
FT. LAUDERDALE, FL 33324**

Mailing Address  
**9360 SW 23 STREET  
FT. LAUDERDALE, FL 33324**

40041751



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2300809**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMON, MARVIN  
2120 SW 92ND TERRACE  
2903  
DAVIE, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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: *Marvin Simon PRES*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03/04/08

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2VP  
GIANCOLA, TONY  
2230 SW 92ND TERRACE # 2502  
DAVIE, FL 33324** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**IVP  
Giancola, Tony  
2230 SW 92 Terr. #2502  
Davie, FL 33324** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
WHALEY, JOAN  
2210 SW 92 TERR #2703  
DAVIE, FL 33324** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
Duffy, Patricia  
2200 SW 92 Terr. #2802  
Davie, FL 33324** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
PINSON, ROBERT  
2100 SW 92 TERR #3101  
DAVIE, FL 33324** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
Simon, Marvin  
2120 SW 92 Terr #2903  
Davie, FL 33324** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CS  
WEINSTEIN, PHYLLIS  
2230 SW 92 TERR #2501  
DAVIE, FL 33324** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2VP  
Colangelo, Deborah  
2110 SW 92 Terr #3002  
Davie, FL 33324** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1VP  
SIMON, MARVIN  
2120 SW 92 TERRACE #2903  
DAVIE, FL 33324** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Cohen, Eugene  
2120 SW 92 Terr #2901  
Davie, FL 33324** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SCHOR, SARAH  
2210 SW 92 TERR, 2701  
DAVIE, FL 33324** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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: *Marvin Simon PRES*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/08 9/473-11692

Date

Daytime Phone #