

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90023 041 ***150.00

DOCUMENT # J44302

1. Corporation Name
GARDEN WALK, INC.

Principal Place of Business
**% PAUL G. HASLER
8200 MILITARY TRL.
PALM BCH.GARDENS FL 33410**

Mailing Address
**LESCARBEAU, ELLENA T.
8200 MILITARY TRL.
PALM BCH.GARDENS FL 33410
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/26/1986

4. FEI Number
59-2778986

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **c/o Dan Simmerman**

2a. Mailing Address

26 **Joann Reina**

Suite, Apt. #, etc.

22 **8200 Military Trail**

Suite, Apt. #, etc.

27 **8200 Military Trail**

City & State

23 **Palm Beach Grdns. FL**

City & State

28 **Palm Bch Grdns., FL**

Zip Country

24 **33410** 25 **US**

Zip Country

29 **33410** 30 **US**

9. Name and Address of Current Registered Agent

**HAISS, GEORGE
333 SUMMER CIR
PALM BCH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81 Name
Dan Simmerman

82 Street Address (P.O. Box Number is Not Acceptable)
291 Spring Circle

83

84 City **Palm Beach Gardens** FL 85 Zip Code **33410**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Dan Simmerman, President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **2/24/99**

12. OFFICERS AND DIRECTORS

TITLE ☒ D ☐ DELETE

NAME **HAISS, GEORGE**
STREET ADDRESS **333 SUMMER CIRCLE**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE ☒ D ☐ DELETE

NAME **STOUT, MILTON**
STREET ADDRESS **244 FALL CIRCLE**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE ☒ VP ☐ DELETE

NAME **GAUL, GERTRUDE**
STREET ADDRESS **249 FALL CIR**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE ☒ SD ☐ DELETE

NAME **O'KEEFE, SARAH**
STREET ADDRESS **243 FALL CIR**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE ☒ D ☐ DELETE

NAME **ALLEN, EDWARD**
STREET ADDRESS **369 N FOUR SEASONS**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE ☒ SD ☐ DELETE

NAME **LESCARBEAU, ELLENA T.**
STREET ADDRESS **117 WINTER PARK LANE**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **P**
1.3 STREET ADDRESS **Dan Simmerman**
1.4 CITY-ST-ZIP **291 Spring Circle**
Palm Beach Gardens, FL 33410

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **VP**
2.3 STREET ADDRESS **Polly Luëg**
2.4 CITY-ST-ZIP **273 Spring Circle**
Palm Beach Gardens, FL 33410

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **S**
3.3 STREET ADDRESS **Joann Reina**
3.4 CITY-ST-ZIP **93 S. Four Seasons**
Palm Beach Gardens, FL 33410

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **SD**
4.3 STREET ADDRESS **Peter Klementowski**
4.4 CITY-ST-ZIP **282 Spring Circle**
Palm Beach Gardens, FL 33410

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **T**
5.3 STREET ADDRESS **Eleanor Darr**
5.4 CITY-ST-ZIP **284 Spring Circle**
Palm Beach Gardens, FL 33410

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **D**
6.3 STREET ADDRESS **Gerald Samson**
6.4 CITY-ST-ZIP **271 Spring Circle**
Palm Beach Gardens, FL 33410

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Dan Simmerman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99 (561) **622-3344**
Date Daytime Phone #

CR2E034 (11/98)

0329619