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APPROVED AND FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # K53940 (8)

**1. Corporation Name
GARDENS COUNTRY CLUB, INC.**

**Principal Place of Business
% WILLIAM A. CORDANI
1800 CROSS POINTS DR X
PALM BEACH GARDENS, FL 33410**

**Mailing Address
% WILLIAM A. CORDANI
1800 CROSS POINTS DR X
PALM BEACH GARDENS, FL 33410**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified
12/28/1988** **3a. Date of Last Report
04/18/1994**

**4. FEI Number
65-0101893** **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**

**7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes** **Yes** **No**

2. Principal Place of Business **2a. Mailing Address**

21 1374 N. Killian Drive **26 1374 N. Killian Drive**

22 Suite A **27 Suite A**

23 Lake Park, FL **28 Lake Park, FL**

24 33403 **25** **29 33403** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORDANI, WILLIAM A
1800 CROSS POINTS DR X
PALM BEACH GARDENS, FL 33410** **1374 N. Killian Drive
Suite A
Lake Park, FL 33403**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85 Zip Code**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **OTT, HENRY H.**
STREET ADDRESS **6411 EASTPOINTE PINES ST**
CITY - ST - ZIP **PALM BCH GARDENS FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *Henry Ott* HENRY OTT PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95 **407-963-9113**
DATE SYSTEM NUMBER