FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00716

(3)

THE GARDENS AT DAVIE HOMEOWNERS' ASSOCIATION, IN

Principal Place	of Business	Mailing Address	Mailing Address							
6191 ORANGE DRIVE DAVIE FL 33314		6191 ORANGE DRIVE DAVIE FL 33314-3449								
						3. Date Incorporated or Qualified 12/30/1983	3a. D	ate of Last Re 01/25/199	eport 96	
2. Principal Pl	ace of Business	2a. Mailing Address 26			4. FEI Number 59-2529471	Applied For Not Applicable				
Suite, Apt. #	+, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Regulred			
City & State)	City & State			6. Election Campaign Financing		\$5.00			
23		28				Trust Fund Contribution		Added t		
Zip	Country	Zip		untry		This corporation has liability for Florida Statutes		tax under s.	199.032,	
24	9. Name and Address of Curre		30	Τ		10. Name and Address of New Re				
	3, Italia and Addices of Cont	m noglatored regent		81	Name	10, 100, 100, 100, 100, 100, 100, 100,				
GRIFFIN, ALFRED D, SR				82	Stroot Ac	Idress (P.O. Box Number is Not Acceptal	101			
	45 STREET			02	Sileet Au	idless (F.O. Box Number is Not Acceptat	леј			
DAVIE FI	L 33314			83	•					
	•			84	City		FL	85 Zip (Code	
11. Pursuant t	to the provisions of Sections 617.05	02 and 617.1508, Florida Statute	es, the a	.Ll	e-named co	orporation submits this statement for the	ourpose o	f changing it	s registered	
office or re agent. اهـــا	egistered agent, or both, in the State a familia w ith, and accept the oblig	e of Florida. Such change was a ∌ations of, Section 617.0503, Flo	iuthorize irida Sta	ed by Atutes	the corpo	ration's board of directors. I hereby acce	pt the app	cointment as	registerea	
SIGNATE									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Signature Typind or partied name of registered agent and title if applicable.			: Register		nt signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	n DiBECTOR	2S IN 12	
12.	D · DELETE		_	1.1 TITLE		ADDITIONS/CHANGES TO OTT	OLI IO AIN	Change	Addition	
NAME	ZEALY, MICHAEL E	•	1.2 NAME							
STREET ADDRESS	6195 SW 45 STREET		1.3 STREE		ADDRESS					
CITY-ST-ZIP	DAVIE FL		1.4 (CITY-S	T-ZIP					
TITLE	STD	☐ DELETE	2.1	TITLE				Change	Addition	
NAME	MANSON, ELEANOR		2.2 (NAME						
STREET ADORESS	6521 SW 45 STREET				ADDRESS					
CITY+ST+ZIP TITLE	DAVIE FL PD □ DELETE		_	2. 4 CHY-ST-ZIP 3.1 TITLE				Change	Addition	
NAME	GRIFFIN, ALFRED D., SR.		- 6	NAME						
STREET ADDRESS	6191 SW 45 STREET				ADDRESS					
CITY-ST-ZIP	DAVIE FL		3.4.	CITY-S	ST-ZIP					
TITLE		DELETE	4.1	TITLE		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		Change	Addition	
NAME			4. 2	NAME						
STREET ADDRESS			4.3	STREET	ADDRESS					
CITY - ST - ZIP		Lociere	_	CITY - S	T-ZIP			T Ohean	- Indulation	
TITLE		DELETE	1	TITLE				Change	Addition	
NAME OTOTET ADDRESS				NAME etaeet	Annece					
STREET ADDRESS CITY-ST-ZIP				STREET CITY-S	ADDRESS					
TITLE		DELETE		TITLE	71-2II			Change	Addition	
NAME				NAME				-		
STREET ADDRESS					ADDRESS					
1	1									

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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FILED Feb 05 1997 8:00am Secretary of State

