

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90205 034 ****61.25

DOCUMENT # N00716

1. Entity Name
THE GARDENS AT DAVIE HOMEOWNERS' ASSOCIATION, IN C.



Principal Place of Business

**6191 ORANGE DRIVE
DAVIE FL 33314**

Mailing Address

**6191 ORANGE DRIVE
DAVIE FL 33314**

90024916



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

6716 Atlanta St.

3. Mailing Address

6716 Atlanta St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33024

Country

USA

Zip

33024

Country

USA

4. FEI Number **59-2529471**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRIFFIN, ALFRED D, SR
6191-SW-45 STREET
DAVIE FL 33314**

7. Name and Address of New Registered Agent

Name **Shannon Kaiser**

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

6716 Atlanta St.

City

Hollywood

FL

Zip Code

33024

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

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

President Shannon Kaiser

2/10/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE **D** ☐ Delete
NAME **MANN, RICHARD**
STREET ADDRESS **6131 SW 42ND CT**
CITY-ST-ZIP **DAVIE FL**

TITLE **STD** ☒ Delete
NAME **MANSON, ELEANOR**
STREET ADDRESS **6521 SW 45 STREET**
CITY-ST-ZIP **DAVIE FL**

TITLE **PD** ☒ Delete
NAME **GRIFFIN, ALFRED D., SR.**
STREET ADDRESS **6191 SW 45 STREET**
CITY-ST-ZIP **DAVIE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **STD** ☒ Change ☐ Addition
NAME **Bruce Phillips**
STREET ADDRESS **6140 SW 42CT**
CITY-ST-ZIP **DAVIE, FL 33315**

TITLE **PD** ☒ Change ☐ Addition
NAME **Shannon Kaiser**
STREET ADDRESS **6716 Atlanta St.**
CITY-ST-ZIP **Hollywood, FL 33024**

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

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

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

12. 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 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:

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

Shannon Kaiser

2/10/03

454-448

5250

CR2E037 (10/02)