

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N00999 (5)
1. Corporation Name
GARDENS ON THE BAY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
6484 INDIAN CREEK DR. MIAMI BEACH FL 33141 **6484 INDIAN CREEK DR. MIAMI BEACH FL 33141**

3. Date Incorporated or Qualified **01/18/1984** 3a. Date of Last Report **03/23/1995**
4. FEI Number **59-2388042** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**BEDZOW KORN KAN & GLASER
20803 BISCAYNE BLVD
STE 200
AVERNTURA FL 33180**

10. Name and Address of New Registered Agent
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	POL, PURA	
STREET ADDRESS	6484 INDIAN CREEK DR. #138	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ALBERTI, LIL	
STREET ADDRESS	6484 INDIAN CREEK DR # 129	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GOMEZ, GRACIELA	
STREET ADDRESS	6484 INDIAN CRK #114	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ALVAREZ, MARTA	
STREET ADDRESS	6484 INDIAN CRK #108	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	MEDEROS, HILDA	
STREET ADDRESS	6484 INDIAN CREEK DR #322	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TERRITO, ANTHONY	
STREET ADDRESS	6484 INDIAN CREEK DR # 321	
CITY-ST-ZIP	MIAMI BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VP
23 STREET ADDRESS	MARGARITA RODRIGUEZ
24 CITY-ST-ZIP	6484 Indian Creek Dr. #124 Miami Beach, Fla. 33141
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SD
33 STREET ADDRESS	Zobeida Hernandez
34 CITY-ST-ZIP	3580 S.W. 127th Ave. Miami, Fla. 33175
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	TD
43 STREET ADDRESS	Hilda Mederos
44 CITY-ST-ZIP	6484 Indian Creek Dr. #322 Miami Beach, Fla. 33141
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	VOCAL
53 STREET ADDRESS	Anthony Territo
54 CITY-ST-ZIP	6484 Indian Creek Dr. #321 Miami Beach, Fla. 33141
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 3/1/96 (305) 864-5025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
FAX (205) 014-5025

CR2E037 (12/95)