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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00999 (5)
1. Corporation Name
GARDENS ON THE BAY OWNERS ASSOCIATION, INC.



Principal Place of Business 6484 INDIAN CREEK DR. MIAMI BEACH FL 33141	Mailing Address 6484 INDIAN CREEK DR. MIAMI BEACH FL 33141
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3. Date Incorporated or Qualified 01/18/1984		
4. FEI Number 59-2388042	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 <i>Same as above</i>	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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	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 *Same as above* DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, SOBEIDA	
STREET ADDRESS	3580 S.W. 127 AVE.	
CITY - ST - ZIP	MIAMI FL	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	MEDEROS, HILDA	
STREET ADDRESS	6484 INDIAN CREEK DR., #322	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	EISEN, YOEL	
STREET ADDRESS	6484 INDIAN CREEK DR., #228	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ALVAREZ, MARTA	
STREET ADDRESS	919 N.W. 23 CT.	
CITY - ST - ZIP	MIAMI FL	
TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	TERRITO, CELIA	
STREET ADDRESS	6484 INDIAN CREEK DR., #321	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hernandez, Sobeida	
1.3 STREET ADDRESS	3580 SW 127 AVE.	
1.4 CITY - ST - ZIP	MIAMI, FL 33115	
2.1 TITLE	VPP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Alvarez, Marta	
2.3 STREET ADDRESS	919 NW 23 Ct.	
2.4 CITY - ST - ZIP	MIAMI, FL	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mederos, Hilda	
3.3 STREET ADDRESS	6484 Indian Creek DR. #322	
3.4 CITY - ST - ZIP	MIAMI BEACH, FL 33124	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARGARITA SIERRA	
4.3 STREET ADDRESS	4201 SW 133 AVE.	
4.4 CITY - ST - ZIP	MIAMI, FL 33115	
5.1 TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARIA ROSA PLANAS	
5.3 STREET ADDRESS	6484 Indian Creek DR. #321	
5.4 CITY - ST - ZIP	MIAMI BEACH, FL 33124	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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

SIGNATURE: *Sobeida Hernandez, Pres. 4/23/98 (305) 864-9892*

CF2E037 (10/97)