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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N00999

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

\* 3 333425 - 3 4 2 5 \*



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/18/1984

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME  DELETE

NAME HERNANDEZ, SOBEIDA

STREET ADDRESS 3580 S.W. 127 AVE.

CITY-ST-ZIP MIAMI FL 33175

TITLE NAME  DELETE

NAME LAVAREZ, MARTA

STREET ADDRESS 919 NW 23 CT

CITY-ST-ZIP MIAMI FL

TITLE NAME  DELETE

NAME MEDEROS, HILDA

STREET ADDRESS 6484 INDIAN CREEK DR. #322

CITY-ST-ZIP MIAMI BEACH FL 33124

TITLE NAME  DELETE

NAME MARGARITA, SIERRA

STREET ADDRESS 4201 SW 133 AVE

CITY-ST-ZIP MIAMI FL 33175

TITLE NAME  DELETE

NAME PLANAS, MARIA R

STREET ADDRESS 6484 INDIAN CREEK DR., #231

CITY-ST-ZIP MIAMI BEACH FL 33124

TITLE NAME  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President-D  Change  Addition

1.2 NAME Hernandez, Sobeida

1.3 STREET ADDRESS 3580 S.W. 127 Ave.

1.4 CITY-ST-ZIP Miami, FL 33175

2.1 TITLE Vice-President-D  Change  Addition

2.2 NAME Victorio, Pedro

2.3 STREET ADDRESS 6484 Indian Creek Dr., #316.

2.4 CITY-ST-ZIP Miami Beach, Fl. 33141

3.1 TITLE Treasurer-D  Change  Addition

3.2 NAME Alvarez, Marta

3.3 STREET ADDRESS 919 N.W. 23 Ct. Miami, Fl. 33143

4.1 TITLE Secretary-D  Change  Addition

4.2 NAME Mederos, Hilda

4.3 STREET ADDRESS 6484 Indian Creek Dr., #322

4.4 CITY-ST-ZIP Miami Beach, Fl. 33141

5.1 TITLE Assistant Secretary-D  Change  Addition

5.2 NAME Planas, Maria R.

5.3 STREET ADDRESS 6484 Indian Creek Dr., #231

5.4 CITY-ST-ZIP Miami Beach, Fl. 33141

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE:

*Sobeida Hernandez*  
 Sobeida Hernandez  
 President  
 Date 4-9-99 (305) 864-9892  
 Daytime Phone #

CR2E037 (11/98)