

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04519

(7)

1. Corporation Name

GARDENS IN THE GROVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

7369 ORANGEWOOD LANE
BOCA RATON FL 33433-7445

Mailing Address

7369 ORANGEWOOD LANE
BOCA RATON FL 33433-7445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1984

3a. Date of Last Report

04/22/1994

4. FEI Number

59-2444303

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 C/O Prime Management Group
Suite, Apt. #, etc.

2a. Mailing Address

26 C/O Prime Management Group
Suite, Apt. #, etc.

22 1051 S. Rogers Circle
City & State

27 1051 S. Rogers Circle
City & State

23 Boca Raton, FL
Zip Country

28 Boca Raton, FL
Zip Country

24 33487

25 U.S.A.

29 33487

30 U.S.A.

9. Name and Address of Current Registered Agent

SWATT, MYRON I.
1051 S ROGERS CIR
BOCA RATON FL 33487

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME BLACKETER, ALAN
STREET ADDRESS 7369 ORANGEWOOD LANE 305
CITY - ST - ZIP BOCA RATON FL

TITLE PD
NAME NISSENBAUM, ALVIN
STREET ADDRESS 2253 GRANDON WALK
CITY - ST - ZIP ST LOUIS MO

TITLE ST
NAME FRIEDLANDER, JACK
STREET ADDRESS 7370 ORANGEWOOD LN S208
CITY - ST - ZIP BOCA RATON FL

TITLE D
NAME HARRIS, MARY
STREET ADDRESS 7369 ORANGEWOOD LN S208
CITY - ST - ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME SD Bogard, Adele
1.3 STREET ADDRESS 7370 Orangewood Lane #105
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Wilder, Joel
4.3 STREET ADDRESS 7370 Orangewood Lane #306
4.4 CITY - ST - ZIP

5.1 TITLE TD ☐ Change ☒ Addition
5.2 NAME Engerman, Jerry
5.3 STREET ADDRESS 7369 Orangewood Lane #201
5.4 CITY - ST - ZIP Boca Raton, FL 33433

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 no address.

SIGNATURE:

Alvin Nissenbaum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/95
Daytime Phone #