# 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 # N04519 (7)

1. Corporation Name

GARDENS IN THE GROVE HOMEOWNERS' ASSOCIATION, IN C.

| Principal Place of Business | Mailing Address |
|---|---|
| % PRIME MANAGEMENT GROUP<br>1051 S. ROGERS CIRCLE<br>BOCA RATON FL 33487<br>US | % PRIME MANAGEMENT GROUP<br>1651 S. ROGERS CIRCLE<br>BOCA RATON FL 33487<br>US |

3. Date Incorporated or Qualified: 08/02/1984
3a. Date of Last Report: 04/26/1995

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 6300 PARK OF COMMERCE BLVD | 26 6300PK OF COM BLVD |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 BOCA RATON, FL | City & State<br>28 BOCA RATON, FL |
| Zip / Country<br>24 33487 / 25 USA | Zip / Country<br>29 33487 / 30 USA |

4. FEI Number: 59-2444303 ☐ 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

**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: SWATT MYRON I.
82 Street Address (P.O. Box Number is Not Acceptable): 6300 PARK OF COMMERCE BLVD
83
84 City: BOCA RATON FL 85 Zip Code: 33487

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 _____ DATE 4/22/96
Signature required when reinstating (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>GOARD, ADELE<br>7370 ORANGEWOOD LANE #105<br>BOCA RATON FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | VP<br>BOGARD, ADELE | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>NISSENBAUM, ALVIN<br>2253 GRANDON WALK<br>ST LOUIS MO | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>FRIEDLANDER, JACK<br>7370 ORANGEWOOD LN S206<br>BOCA RATON FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WILDER, JOEL<br>7370 ORANGEWOOD LANE #306<br>BOCA RATON FL | ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>ENGERMAN, JERRY<br>7369 ORANGEWOOD LANE #201<br>BOCA RATON FL | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ST | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | P<br>LEVINSON, MIKE<br>7369 ORANGEWOOD LANE #108<br>BOCA RATON, FL 33433 | ☐ Change ☒ Addition |

CR2E037 (12/95)

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)(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:** Adele Bogard 4/17/96 314-530-6099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #