FILE NOW: FILING FEE IS $61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State
04-20-1999 90124 011 ****61.25

0040652

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N04519

1. Corporation Name
GARDENS IN THE GROVE HOMEOWNERS' ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US	6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
08/02/1984

4. FEI Number
59-2444303
☐ Applied For
☐ Not Applicable

5. Certifcate 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

SWATT, MYRON I
6300 PARK OF COMMERCE BLVD
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 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NISSENBAUM, ALVIN		1.2 NAME	
STREET ADDRESS	7370 ORANGEWOOD LANE #106		1.3 STREET ADDRESS	Same
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BURKUS, WILLIAM		2.2 NAME	
STREET ADDRESS	7369 ORANGEWOOD LANE #101		2.3 STREET ADDRESS	Same
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ENGERMAN, JERRY		3.2 NAME	
STREET ADDRESS	7369 ORANGEWOOD LANE #201		3.3 STREET ADDRESS	Same
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LEVINSON, MIKE		4. 2 NAME	
STREET ADDRESS	7369 ORANGEWOOD LANE #108		4.3 STREET ADDRESS	Same
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	
TITLE	SD	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TORCH, REUBEN		5.2 NAME	
STREET ADDRESS	7370 ORANGEWOOD LANE #208		5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WILDER, JOEL		6.2 NAME	
STREET ADDRESS	7370 ORANGEWOOD LANE #306		6.3 STREET ADDRESS	Same
CITY-ST-ZIP	BOCA RATON FL 33433		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: SIGNATURE REQUIRED 4/10/99 561-989-5080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037. (11/98)