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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N08156 (4)

1. Corporation Name

GARDENS IN THE GROVE-2 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6300 PARK OF COMMERCE BOULEVARD BOCA RATON FL 33487	6300 PARK OF COMMERCE BOULEVARD BOCA RATON FL 33487-8229

3. Date Incorporated or Qualified: 03/14/1985
3a. Date of Last Report: 05/20/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29; Country — 25 / 30

4. FEI Number: NOT APPLICABLE ☐ 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.
6300 PARK OF COMMERCE BOULEVARD
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 _____ 4/23/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOGARD, ADELE		1.2 NAME		
STREET ADDRESS	7370 ORANGEWOOD LANE #105		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	NISSENBAUM, ALVIN		2.2 NAME		
STREET ADDRESS	2253 CROYDON WALK		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FRIEDLANDER, JACK		3.2 NAME		
STREET ADDRESS	24175 WILLBROOK CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTHFIELD MI		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE	STD	☒ Change ☐ Addition
NAME	TORCH, REUBEN		4.2 NAME		
STREET ADDRESS	7370 ORANGEWOOD LANE #208		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHESTERFIELD MO		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	VD	☐ Change ☒ Addition
NAME			5.2 NAME	Wilder, Joel	
STREET ADDRESS			5.3 STREET ADDRESS	7390 Orangewood Lane #306	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: Reuben Torch REUBEN TORCH 4/14/97 561-487-3796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0045139