

**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 # **N14165 (7)**  
1. Corporation Name  
**NORTH GARDEN VILLAS, INC., A CONDOMINIUM**



Principal Place of Business: **13950 N.E. 4TH AVE. MIAMI FL 33161-3112**  
Mailing Address: **13920 NE 4TH AV C/O JOHN DALNES N. MIAMI FL 33161 US**

3. Date Incorporated or Qualified: **04/03/1986**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 13952 NE 4th AVE**  
22 **N. MIAMI FL**  
24 **33161** 25 **USA**  
2a. Mailing Address: **26 13952 N.E. 4th AVE**  
27 **N. MIAMI FL**  
29 **33161** 30 **USA**

4. FEI Number: **65-0057034**  
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  
**DALNES, JOHN**  
**13920 NE 4TH AVE**  
**N MIAMI FL 33161**

10. Name and Address of New Registered Agent  
81 Name: **UNA EDWARDS**  
82 Street Address (P.O. Box Number is Not Acceptable): **13952 N.E. 4th AVE**  
83  
84 City: **NORTH MIAMI FL** 85 Zip Code: **33161**

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]* **UNA EDWARDS** 3/10/96  
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	PD	<input type="checkbox"/> DELETE
NAME	PAHL, MICHAEL	
STREET ADDRESS	1480 NE 130TH ST	
CITY-ST-ZIP	N MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DALNES, JOHN	
STREET ADDRESS	13920 NE 4TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EDWARDS, UNA	
STREET ADDRESS	13952 NE 4TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	TAYLOR, BENNIE	
STREET ADDRESS	13956 NE 4TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EDWARDS, UNA	
2.3 STREET ADDRESS	13952 NE 4TH AVENUE	
2.4 CITY-ST-ZIP	NORTH MIAMI, FL 33161	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an address.

SIGNATURE: *[Signature]* **UNA EDWARDS** 3/10/96 305/891-1485  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)