

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 # **N24904** (7)
1. Corporation Name
THE GARDEN HOMES AT MOON LAKE ASSOCIATION, INC.



Principal Place of Business
**5026 ECLIPSE COURT
NAPLES FL 33942**

Mailing Address
**5026 ECLIPSE COURT
NAPLES FL 33942**

3. Date Incorporated or Qualified
02/18/1988

3a. Date of Last Report
02/06/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 5018 ECLIPSE CT		26 5018 ECLIPSE CT		01-0286129		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution			
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent

**GORDON, FRANK
910 MOON LAKE DRIVE
NAPLES FL 33942**

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

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	DVP	<input checked="" type="checkbox"/> DELETE
NAME	BINDER, BURTON A.	
STREET ADDRESS	1528 SAN CARLOS BAY DR	
CITY-ST-ZIP	SANIBEL FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	JASSY, JOHN D.	
STREET ADDRESS	910 MOON LAKE DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GORDON, FRANK	
STREET ADDRESS	915 MOON LAKE DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	JASSY, JOHN D	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BROMWICH, STEVE	
1.3 STREET ADDRESS	2180 W. FIRST ST	
1.4 CITY-ST-ZIP	FT MYERS FL 33901	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COUCH, RICHARD	
2.3 STREET ADDRESS	2180 W. FIRST ST	
2.4 CITY-ST-ZIP	FT MYERS FL 33901 STD	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JASSY, JOHN D	
4.3 STREET ADDRESS	673 BRIDEWAY LAKE	
4.4 CITY-ST-ZIP	NAPLES FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	900001850689	
5.3 STREET ADDRESS	-06/04/96--01093--007	
5.4 CITY-ST-ZIP	***61.25	
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: *Frank Gordon* FRANK GORDON PRES

4/25/96 941 6432227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)