

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 # N31946 (9)

1. Corporation Name

**THE GARDEN VILLAS AT GATOR TRACE OF ST. LUCIE HO
MEOWNER'S ASSOCIATION, INC.**



Principal Place of Business

**4064 GATOR TRACE RD
FT. PIERCE FL 34982
US**

Mailing Address

**4064 GATOR TRACE RD
FT. PIERCE FL 34982
US**

3. Date Incorporated or Qualified
04/26/1989

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

21 4078 Gator Trace Road

2a. Mailing Address

26 4078 Gator Trace Road

4. FEI Number

65-0191725

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

Suite, Apt. #, etc.

22
City & State
Fort Pierce, FL

Zip

24 34982

Country

25 u.s.a.

Suite, Apt. #, etc.

27
City & State
Fort Pierce, FL

Zip

29 34982

Country

30 U.S.A

9. Name and Address of Current Registered Agent

**FOSTER, AL
4070 GARDEN VILLAS COURT
FORT PIERCE FL 34982**

10. Name and Address of New Registered Agent

81 Name

SUNDBERG, DICK

82 Street Address (P.O. Box Number is Not Acceptable)

4078 Gator Trace Road

83

84 City

Fort Pierce

FL

85 Zip Code
34982

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

Dick Sundberg

DICK SUNDBERG, TREASURER

2/12/96

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 **DS** ☒ DELETE
NAME **LARRABEE, JULIE**
STREET ADDRESS **4064 GATOR TRACE ROAD**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **DT** ☐ DELETE
NAME **SUNDBERG, DICK**
STREET ADDRESS **4078 GATOR TRACE ROAD**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **DP** ☐ DELETE
NAME **FOSTER, AL**
STREET ADDRESS **4070 GARDEN VILLAS CT.**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **DVP** ☐ DELETE
NAME **NACIN, JACQUELINE**
STREET ADDRESS **4074 GARDEN VILLAS CT.**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE **DVP** ☐ DELETE
NAME **DEBOR, BOB**
STREET ADDRESS **4054 GARDEN VILLAS COURT**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D - P** ☒ Change ☐ Addition
1.2 NAME **NACIN, JACQUELINE**
1.3 STREET ADDRESS **4074 GARDEN VILLAS COURT**
1.4 CITY-ST-ZIP **FORT PIERCE, FL 34982**

2.1 TITLE **D - VP** ☒ Change ☐ Addition
2.2 NAME **DEBOR, BOB**
2.3 STREET ADDRESS **4054 GARDEN VILLAS COURT**
2.4 CITY-ST-ZIP **FORT PIERCE, FL 34982**

3.1 TITLE **D - VP** ☒ Change ☐ Addition
3.2 NAME **FOSTER, AL**
3.3 STREET ADDRESS **4070 GARDEN VILLAS COURT**
3.4 CITY-ST-ZIP **FORT PIERCE, FL 34982**

4.1 TITLE **D - S** ☒ Change ☒ Addition
4.2 NAME **RENALDY, CARMEN**
4.3 STREET ADDRESS **4069 GARDEN VILLAS COURT**
4.4 CITY-ST-ZIP **FORT PIERCE, FL 34982**

5.1 TITLE **D - T** ☐ Change ☐ Addition
5.2 NAME **SUNDBERG, DICK**
5.3 STREET ADDRESS **4078 GATOR TRACE ROAD**
5.4 CITY-ST-ZIP **FORT PIERCE, FL 34982**

6.1 TITLE ☐ Change ☐ 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: *Dick Sundberg*

DICK SUNDBERG

2/12/96

407 461-7062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)