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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N95000005310

1 Corporation Name

COLLEGE GARDENS NEIGHBORHOOD ASSOCIATION, INC.

FILED

99 SEP 20 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
ATTUCKS MIDDLE SCHOOL P.O. BOX 374  
HOLLYWOOD FL 33020 DANIA BEACH FL 33004

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11/09/1995
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0642461
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
WILLIE L. HILL, JR. 728 SW 5TH STREET DANIA BEACH FL 33004		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

81 Name	JANICE PETERMAN
82 Street Address (P.O. Box Number is Not Acceptable)	717 SW 4TH TERRACE
83	
84 City	DANIA BEACH
85 Zip Code	FL 33004

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 *Janice B. Peterman* (JANICE B. PETERMAN) DATE 8-5-99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PETERMAN, JANICE B. (11/09)	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	717 SW 4TH STREET	1.2 NAME	
CITY-STATE-ZIP	DANIA FL 33004	1.3 STREET ADDRESS	
TITLE	1VPD	1.4 CITY-STATE-ZIP	
NAME	BRENDA BLACKMON "D"	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	718 SW 4TH STREET	2.2 NAME	
CITY-STATE-ZIP	DANIA FL 33004	2.3 STREET ADDRESS	
TITLE	2VPD	2.4 CITY-STATE-ZIP	
NAME	JONES, ALBERT C "D"	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	722 SW 3RD STREET	3.2 NAME	
CITY-STATE-ZIP	DANIA FL 33004	3.3 STREET ADDRESS	
TITLE	FS	3.4 CITY-STATE-ZIP	
NAME	PENN, LUCY "D"	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	754 SW 3RD ST	4.2 NAME	
CITY-STATE-ZIP	DANIA BEACH FL 33004	4.3 STREET ADDRESS	
TITLE	CS	4.4 CITY-STATE-ZIP	
NAME	LOUISE SMALL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	305 J A ELY BLVD	5.2 NAME	
CITY-STATE-ZIP	DANIA BEACH FL 33004	5.3 STREET ADDRESS	
TITLE	P	5.4 CITY-STATE-ZIP	
NAME	BERNICE ARMSTRONG	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	718 SW 4TH STREET	6.2 NAME	
CITY-STATE-ZIP	DANIA BEACH FL 33004	6.3 STREET ADDRESS	
		6.4 CITY-STATE-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 *Janice B. Peterman* 8-5-99 954) 925-2417  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
JANICE B. PETERMAN

CR2E037 (11/98)