


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90070 024 ****61.25

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1. Entity Name
THE GARDENS CONDOMINIUM (MIA) ASSOCIATION, INC.



Principal Place of Business
**8045 NW 7TH STREET
 MIAMI FL 33126
 US**

Mailing Address
**305 ALCAZAR AVENUE
 CORAL GABLES FL 33134
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

4. FEI Number
65-0827222

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
**VILAR PROPERTY MANAGEMENT, INC.
 305 ALCAZAR AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RABELLING, ENRIQUE	
STREET ADDRESS	8045 NW 7 ST UNIT 411	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSADO, AIDA	
STREET ADDRESS	8045 NW 7 ST UNIT 311	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MILLSTONE, IRMA	
STREET ADDRESS	8045 NW 7TH STREET, 310	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, ROBERTO	
STREET ADDRESS	8045 NW 7TH STREET, 411	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME	IAN BARBOLLA	
STREET ADDRESS	13309 SW 1st	
CITY-ST-ZIP	Miami Fla 33184	
TITLE		<input type="checkbox"/> Delete
NAME	GUSTAVO Gallardo	
STREET ADDRESS	8050 NW 8th, #101	
CITY-ST-ZIP	Miami Fla 33126	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR