
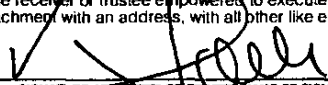


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90053 018 ****61.25

DOCUMENT # N97000005743					
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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VILAR PROPERTY MANAGEMENT, INC. 305 ALCAZAR AVENUE CORAL GABLES, FL 33134				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees <input type="checkbox"/>	
			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	ANA LUCIA TORRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBOLLA, IAN		NAME	8050 NW 8 ST - 210	
STREET ADDRESS	13309 SW 1ST ST.		STREET ADDRESS	MIAMI, FL 33126	
CITY-ST-ZIP	MIAMI, FL 33184		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLANES, JORGE		NAME		
STREET ADDRESS	8045 NW 7 ST. #408		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	TQ	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, MIGDALIA		NAME		
STREET ADDRESS	8050 NW 7 ST. #408		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDOZA, ESTEBAN		NAME		
STREET ADDRESS	8050 NW 7 ST. #304		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOL, ANTONIO		NAME		
STREET ADDRESS	8045 NW 7 ST. #111/1		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date: 02/09/06		Daytime Phone #