


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **716760** (4)

1. Corporation Name

**THE FEDERATED GARDEN CIRCLES OF FORT LAUDERDALE, INC.**

Principal Place of Business

Mailing Address

INC. HUGH TAYLOR BIRCH ST. PARK.  
3109 EAST SUNRISE BLVD.  
FORT LAUDERDALE FL 33304

P O BOX 4114  
FORT LAUDERDALE FL 33304  
US



3. Date Incorporated or Qualified

**06/17/1969**

4. FEI Number

**59-0816875**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JONES, PAUL M**  
**160 CYPRESS CREEK DR. APT 612**  
**POMPANO BEACH FL 33060**

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE PD  
NAME FRY, LOIS  
STREET ADDRESS 1815 NE 17 WAY  
CITY-ST-ZIP FT LAUDERDALE FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VPD  
NAME SCHOETTLE, JACQUELINE  
STREET ADDRESS 2609 SE 20 ST  
CITY-ST-ZIP FT LAUDERDALE FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD  
NAME HANDLEY, JAN  
STREET ADDRESS 4300 NE 25TH AVE  
CITY-ST-ZIP FT LAUDERDALE FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME WILKINS, CHARLES  
STREET ADDRESS 2212 NE 32 AVE  
CITY-ST-ZIP FT LAUDERDALE FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE SD  
NAME LONG, CYNTHIN  
STREET ADDRESS 6202 BAY CLUB DR  
CITY-ST-ZIP FT LAUDERDALE FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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.

SIGNATURE: *[Signature]* 4-18-98 954-526-1000

CR2E037 (10/97)