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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 753461

1. Corporation Name

THE GARDENS 1 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

9360 SW 23RD ST.
FT. LAUDERDALE FL 33324

Mailing Address

9360 SW 23RD ST.
FT. LAUDERDALE FL 33324



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/23/1980
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2058714
City & State	City & State	5. Certificate of Status Desired
23	28	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing
24	25	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	29	30

9. Name and Address of Current Registered Agent

GORDON, SAM
2140 SW 94 TERR APT 201
FT LAUDERDALE FL 33324

10. Name and Address of New Registered Agent

81 Name	Doris DeMatteis
82 Street Address (P.O. Box Number is Not Acceptable)	2141 SW 93 Way Apt 702
83	T
84 City	Ft lauderdale FL
85 Zip Code	33324

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 *Doris DeMatteis* *Doris DeMatteis* 1-11-99
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, SAM	1.2 NAME	Doris DeMatteis
STREET ADDRESS	2140 SW 94 TERR	1.3 STREET ADDRESS	2141 SW 93 Way #702
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft lauderdale FL 33324
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNYDER, MARVIN	2.2 NAME	Robert Harrison #904
STREET ADDRESS	2140 SW 93 WY	2.3 STREET ADDRESS	2161 SW 93 Way
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft lauderdale FL 33324
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEISLAND, RICHARD SR	3.2 NAME	Shirley Weinstein
STREET ADDRESS	2140 SW 94 TERR	3.3 STREET ADDRESS	2131 SW 93 Way # 604
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	3.4 CITY-ST-ZIP	Ft lauderdale FL 33324
TITLE	VP D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDRO, JULIUS	4.2 NAME	Celia Rubin
STREET ADDRESS	FT LAUDERDALE, FL	4.3 STREET ADDRESS	2150 SW 93 Way # 1102
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	Ft lauderdale, FL 33324
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUTNER, NATLIE	5.2 NAME	
STREET ADDRESS	2141 SW 93 WY	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, MARY	6.2 NAME	
STREET ADDRESS	2161 SW 93 WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	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, with all other like empowered.

SIGNATURE: *Doris DeMatteis* *Doris DeMatteis* 1-11-99 (954) 452-9599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)