

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State

0048011

DOCUMENT # 753461

1. Entity Name

THE GARDENS 1 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9360 SW 23RD ST.
 FT. LAUDERDALE FL 33324

9360 SW 23RD ST.
 FT. LAUDERDALE FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2058714

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNYDER, MARVIN D
2140 SW 93 WAY #1202
FT LAUDERDALE FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SNYDER, MARVIN | |
| STREET ADDRESS | 2140 SW 93 WAY #1202 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33324 | |
| TITLE | -VPD | <input type="checkbox"/> Delete |
| NAME | GORDON, SAM | |
| STREET ADDRESS | 2140 SW 94 TERR # 201 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33324 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | WEINSTEIN, SHIRLEY | |
| STREET ADDRESS | 2131 SW 93 WAY | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33324 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | MUSHNICKI, DOLORES | |
| STREET ADDRESS | 2161 SW 93 WAY #706 | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33324 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | GEISLAND, DOROTHY | |
| STREET ADDRESS | 2140 SW 94 TERR #203 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33324 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STOLZENFIELD, DENNIS | |
| STREET ADDRESS | 2110 SW 94 TERR #502 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33324 | |

| | | |
|----------------|--------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ANDERSON, MARY | |
| STREET ADDRESS | 2161 SW 93 WAY #901 | |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33324 | |
| TITLE | T/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PEDRO, JULIUS | |
| STREET ADDRESS | 2130 SW 94 TERR # 304 | |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33324 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MUCHNICKI, DOLORES | |
| STREET ADDRESS | 2151 SW 93 WAY # 803 | |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33324 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HARRISON, ROBERT | |
| STREET ADDRESS | 2161 SW 93 WAY | |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33324 | |
| TITLE | | <input type="checkbox"/> Change <input 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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

3-26-2001 (954) 424 5848
 Date Daytime Phone #

CR2E037 (10/00)