


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90111 040 ****61.25

DOCUMENT # 753461					
1. Entity 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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2058714	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SILLIMAN, JR 2140 SW 94 TERRACE #203 FORT 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILLIMAN, PAUL JR		NAME	Wayne Phoenix	
STREET ADDRESS	2140 SW 94 TERRACE #203		STREET ADDRESS	2150 SW 94th Terrace #103	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324	Davie	CITY-ST-ZIP	Davie FL 33324	
TITLE	SC	<input type="checkbox"/> Delete	TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEDRO, SANDRA		NAME	Robert Harrison	
STREET ADDRESS	2160 SW 93 WAY # 1003		STREET ADDRESS	2161 SW 94th Terrace # 904	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324	Davie	CITY-ST-ZIP	Davie FL 33324	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANKOWSKI, HENRY		NAME		
STREET ADDRESS	2151 SW 93 WAY #801		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324	Davie	CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUTUER, DAVID		NAME		
STREET ADDRESS	2141 SW 93 WAY #701		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PCORO, JULIUS		NAME		
STREET ADDRESS	2130 SW 74 TERR 304		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324		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: <i>Paul Silliman</i>		Paul Silliman		1/12/07 954-424-5848	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	