


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90241 040 \*\*\*\*61.25

<b>DOCUMENT # 711250</b>					
1. Entity Name PUNTA GORDA GARDEN CLUB, INC.					
Principal Place of Business FIRST UNITED METHODIST CHURCH 507 W MARION AVE. PUNTA GORDA, FL 33950 US			Mailing Address P O BOX 511167 PUNTA GORDA, FL 33951-1167 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-1612027				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAYMANS, ELISE 9160 BURNT STORE RD. PUNTA GORDA, FL 33950			Name <i>DONNA SAULNIER</i> Street Address (P.O. Box Number is Not Acceptable) <i>206 BIG PINE LANE</i> City <i>PUNTA GORDA</i> FL Zip Code <i>33950-1896</i>		
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 <i>Donna L. Saulnier</i>			DATE <i>3-14-06</i>		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	Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HONOUR, CAROLYN		NAME		
STREET ADDRESS	1211 CORONADO DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 339506307		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAYMANS, ELISE		NAME		
STREET ADDRESS	9160 BURNT STORE RD.		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TILDEN, JOYCE		NAME	<i>CHRIS LEHMAN</i>	
STREET ADDRESS	2742 ST THOMAS DR.		STREET ADDRESS	<i>1133 BAL HARBOR # 1139</i>	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	<i>PUNTA GORDA, FL 33950-6524</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WORKERS, SUZANNA H		NAME		
STREET ADDRESS	260 LID DR.		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FETCH, JOY		NAME		
STREET ADDRESS	3324 TRINIDAD CT		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33950		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>Carolyn Honour</i>			DATE: <i>3-14-06</i>		Daytime Phone #