



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90078 043 ****61.25

| | | | | | |
|---|--------------------|--|--|---|--|
| DOCUMENT # 724557 | | | |  | |
| 1. Entity Name GARDENS 101, INC. THE | | | | | |
| Principal Place of Business 100 ASPEN CRCL. SEMINOLE, FL 33777 US | | | Mailing Address 7300 PARK ST. SEMINOLE, FL 33777-4601 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| RESOURCE PROPERTY MANAGEMENT 7300 PARK ST. SEMINOLE, FL 33777-4601 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | FL |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 | PD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TOMMY, THOMPSON | | NAME | | |
| STREET ADDRESS | 106 ASPEN CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | LARGO, FL 33777 | | CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MADENBERG, LENA | | NAME | Mulda, Mike | |
| STREET ADDRESS | 212 ASPEN CIRCLE | | STREET ADDRESS | 216 Aspen Circle | |
| CITY-ST-ZIP | SEMINOLE, FL 33777 | | CITY-ST-ZIP | LARGO FL 33777 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete | TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WOODS, DOROTHY | | NAME | Miller-Willis, Lois | |
| STREET ADDRESS | 110 ASPEN CIR | | STREET ADDRESS | 107 Aspen Circle | |
| CITY-ST-ZIP | SEMINOLE, FL 33777 | | CITY-ST-ZIP | LARGO, FL 33777 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | Burnett, Kai | |
| STREET ADDRESS | | | STREET ADDRESS | 219 Aspen Circle | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | LARGO FL 33777 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | Sandoma, Sue | |
| STREET ADDRESS | | | STREET ADDRESS | 108 Aspen Circle | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | LARGO FL 33777 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | Brown, Sheryl | |
| STREET ADDRESS | | | STREET ADDRESS | 112 Aspen Circle | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | LARGO FL 33777 | |
| 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:  | | | 2-11-05 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | |