

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724557

FILED
Apr 20, 2009
Secretary of State

Entity Name: GARDENS 101, INC. THE

Current Principal Place of Business:

204 ASPEN CIR
SEMINOLE, FL 33777 US

New Principal Place of Business:

Current Mailing Address:

204 ASPEN CIR
SEMINOLE, FL 33777 US

New Mailing Address:

FEI Number: 59-1426381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, WILLIAM I
6519 CENTRAL AVE
ST PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/T () Delete
Name: ZURBRICK, BETTY
Address: 204 ASPEN CIR
City-St-Zip: SEMINOLE, FL 33777 US

Title: VPD () Delete
Name: PERRY, JOYCE
Address: 118 ASPEN CIRCLE
City-St-Zip: SEMINOLE, FL 33777 US

Title: SD () Delete
Name: SPENCER, MYRTLE
Address: 116 ASPEN CIRCLE
City-St-Zip: SEMINOLE, FL 33777 US

Title: D () Delete
Name: SMITY, TERRY
Address: 208 ASPEN CIRCLE
City-St-Zip: SEMINOLE, FL 33777 US

Title: D () Delete
Name: BRINDAMOURR, GERALDINE M
Address: 113 ASPEN CIRCLE
City-St-Zip: SEMINOLE, FL 33777 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PERRY, JOYCE
Address: 118 ASPEN CIRCLE
City-St-Zip: SEMINOLE, FL 33777 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BAKER, BILL
Address: 121 ASPEN CIRCLE
City-St-Zip: SEMINOLE, FL 33777 US

Title: D (X) Change () Addition
Name: TORTORICI, ROB
Address: 222 ASPEN CIRCLE
City-St-Zip: SEMINOLE, FL 33777 US

Title: D () Change (X) Addition
Name: BELLMER, RICHARD
Address: 105 ASPEN CIRCLE
City-St-Zip: SEMINOLE, FL 33777

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY ZURBRICK

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date