

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725931

FILED
Mar 28, 2008
Secretary of State

Entity Name: THE GARDENS 102, INC.

Current Principal Place of Business:

100 BUTTONWOOD CIR
SEMINOLE, FL 33777 US

New Principal Place of Business:

Current Mailing Address:

7300 PARK ST
SEMINOLE, FL 337774601 US

New Mailing Address:

FEI Number: 59-1461256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESOURCE PROPERTY MANAGEMENT
7300 PARK STREET
SEMINOLE, FL 33777 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: S () Delete
Name: HORTON, GILBERT PD
Address: 223 BUTTONWOOD CIRCLE
City-St-Zip: SEMINOLE, FL 33777 US

Title: VPD () Delete
Name: MURRAY, RICHARD VPD
Address: 201 BUTTONWOOD CIRCLE
City-St-Zip: SEMINOLE, FL 33777 US

Title: TD () Delete
Name: BROWN, CLAUDETTE TD
Address: 212 BUTTONWOOD CIRCLE
City-St-Zip: SEMINOLE, FL 33777 US

Title: SD () Delete
Name: LAUKAITIS, JOSEPH SD
Address: 204 BUTTONWOOD CIRCLE
City-St-Zip: SEMINOLE, FL 33777 SD

Title: P () Delete
Name: AUGELLI, NICHOLAS D
Address: 224 BUTTONWOOD CIRCLE
City-St-Zip: SEMINOLE, FL 33777 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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

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: NICHOLAS AUGELLI

PD

03/28/2008

Electronic Signature of Signing Officer or Director

Date