


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90044 027 \*\*\*\*61.25

<b>DOCUMENT # 726656</b>			
1. Entity Name <b>THE GARDENS 103, INC.</b>			
Principal Place of Business <b>100 CEDARWOOD CIR. SEMINOLE, FL 33777 US</b>		Mailing Address <b>100 CEDARWOOD CIR. SEMINOLE, FL 33777 US</b>	
2. Principal Place of Business		3. Mailing Address <b>7300 Park St</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Seminole FL</b>	
Zip	Country	Zip	Country
<b>33777</b>	<b>US</b>	<b>33777</b>	<b>US</b>
4. FEI Number <b>59-1466044</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<i>Resource</i> ROSOUNEE PROPERTY MGMT 7300 PARK ST. SEMINOLE, FL 33777-401		Name <i>Resource Property Mgmt</i> Street Address (P.O. Box Number is Not Acceptable) <i>7300 Park Street</i> City <i>Seminole</i> FL Zip Code <i>33777</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>Whitely Monas</i>		DATE	
Filing Fee is <b>\$61.25</b> Due by <b>September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NELSON, DAVID</b>	NAME	
STREET ADDRESS	<b>201 CEDARWOOD CIR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE, FL 33777</b>	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<b>SD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEONARD, FIERCE</b>	NAME	<i>Dorothy Malley</i>
STREET ADDRESS	<b>109 CEDARWOOD CIR.</b>	STREET ADDRESS	<i>124 Cedarwood Circle.</i>
CITY-ST-ZIP	<b>SEMINOLE, FL 33777</b>	CITY-ST-ZIP	<i>Seminole FL 33777</i>
TITLE	SD <input type="checkbox"/> Delete	TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARMELA, ROSEVEAR</b>	NAME	
STREET ADDRESS	<b>102 CEDARWOOD CIR.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE, FL 33777</b>	CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<b>TD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELANEY, ROBERT</b>	NAME	<i>Jay Shupe</i>
STREET ADDRESS	<b>211 CEDARWOOD CIR.</b>	STREET ADDRESS	<i>224 Cedarwood Circle</i>
CITY-ST-ZIP	<b>SEMINOLE, FL 33777</b>	CITY-ST-ZIP	<i>Seminole FL 33777</i>
TITLE	D <input type="checkbox"/> Delete	TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHIRLY, CURTICE</b>	NAME	
STREET ADDRESS	<b>104 CEDERWOOD CIR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SEMINOLE, FL 33777</b>	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 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: <i>Delaney</i>		Date <i>7/7/05</i> Daytime Phone # <i>727-3979549</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			