

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770564

FILED
Mar 06, 2006
Secretary of State

Entity Name: GARDENS AT PALM-AIRE COUNTRY CLUB ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434, STE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-2432045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 W SR 434, STE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: SEAMON, KEN
Address: 5747 GARDENS DR
City-St-Zip: SARASOTA, FL 34243

Title: VPD () Delete
Name: FOLEY, RON
Address: 5745 GARDENS DR
City-St-Zip: SARASOTA, FL 34243

Title: SD () Delete
Name: PECK, KATHY
Address: 5749 GARDENS DR
City-St-Zip: SARASOTA, FL 34243

Title: TD () Delete
Name: LEONARD, SAM
Address: 5697 GARDENS DR
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: BEAMISH, MARIE
Address: 5671 GARDENS DR
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: BEAMISH, MARIE
Address: 5671 GARDENS DR
City-St-Zip: SARASOTA, FL 34243

Title: SD (X) Change () Addition
Name: EVERSON, SUE
Address: 5755 GARDENS DR
City-St-Zip: SARASOTA, FL 34243

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

Title: D (X) Change () Addition
Name: YORK, JAMES JR
Address: 5707 GARDENS DR
City-St-Zip: SARASOTA, FL 34243

I hereby certify that the information supplied with this filing does not qualify for the 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: KEN SEAMON

PD

03/06/2006

Electronic Signature of Signing Officer or Director

Date