

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 05, 2006  
Secretary of State**

DOCUMENT# N02000008026

Entity Name: GARDEN ISLE VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

308 S.E. 10 AVENUE  
CONDO  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

308 S.E. 10 AVENUE  
CONDO  
POMANO BEACH, FL 33060

**New Mailing Address:**

FEI Number: 59-2140256      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHANDLER, ESQ, EDWARD J  
708 E. ATLANTIC BLVD  
POMPANO BEACH, FL 33060      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: PHILHOWER, MARIA  
Address: 308 SE 10 AVE #A  
City-St-Zip: POMPANO BEACH, FL 33060

Title: D ( ) Delete  
Name: PHILHOWER, TODD  
Address: 308 SE 10 AVE #A  
City-St-Zip: POMPANO BEACH, FL 33060

Title: TD ( ) Delete  
Name: LUBY, MICHAEL  
Address: 312 SE 10 AVE #A  
City-St-Zip: POMPANO BEACH, FL 33060

Title: SD ( ) Delete  
Name: MCNEAL, NANCY  
Address: 309 SE 11TH AVE #A  
City-St-Zip: POMPANO BEACH, FL 33060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TD (X) Change ( ) Addition  
Name: RIZZO, PATRICIA M  
Address: 308 SE 10 AVE #D  
City-St-Zip: POMPANO BEACH, FL 33060

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

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: MARIA PHILHOWER

PD

07/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date