

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90027 026 ****61.25

DOCUMENT # N02000008026 1. Entity Name GARDEN ISLE VILLAS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 312 S.E. 10 AVENUE CONDO POMPANO BEACH, FL 33060		Mailing Address 312 S.E. 10 AVENUE CONDO POMPANO BEACH, FL 33060	
2. Principal Place of Business - No P.O. Box # 316 SE. 10th Ave.		3. Mailing Address P.O. Box 802	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pompano Beach, FL		City & State Pompano Beach, FL	
Zip 33060		Zip 33061	
Country		Country	
6. Name and Address of Current Registered Agent CHANDLER, ESQ, EDWARD J 708 E. ATLANTIC BLVD POMPANO BEACH, FL 33060		7. Name and Address of New Registered Agent Name STEVEN S. VALANCY, ESQ. Street Address (P.O. Box Number is Not Acceptable) 311 SE 13TH STREET City FORT LAUDERDALE FL Zip Code 33316	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 3-25-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FURNIZ, GEORGE 321 SE 11 AVE #B POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARRISH, GLENN 312 SE 10 AVE #D POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHTER, DEBBIE 321 SE 11 AVE #C POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3/25/08	
Daytime Phone #			