


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

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90008 003 \*\*\*\*61.25

**DOCUMENT # N03000002474**

1. Entity Name  
**GARDENS BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
 1450 N US HWY. 1  
 #700  
 ORMOND BEACH, FL 32174

Mailing Address  
 C/O ALL FLORIDA REALTY  
 152 RIDGEWOOD AVE  
 HOLLY HILL, FL 32117-5028

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip



01242006 Chg-NP CR2E037 (11/05)

8. Name and Address of Current Registered Agent  
**VANACORE, TODD**  
 1450 NORTH U.S. HIGHWAY 1  
 ORMOND BEACH, FL 32174

4. FEI Number  
 20-0644866

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	DP VANACORE, TODD 1450 NORTH U.S. HIGHWAY 1 ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Maryam Hosseini Ghyabi 1459 N. US 1 Suite A3 Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VANACORE, SCOTT 1450 NORTH U.S. HIGHWAY 1 ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President Barry Cohen 1453 N. US 1 Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOREY, ROBERT K 595 W. GRANADA BLVD., SUITE A ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jerry Kreitzburg 1455 N. US 1 Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Mansur li-Bawis (386) 2/23/06 760-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #