2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State
02-23-2005 90078 026 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # N04000000306

1. Entity Name

GARDENS AT BEACHWALK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
21 OLD KINGS ROAD NORTH SUITE B101 PALM COAST FL 32137	21 OLD KINGS ROAD NORTH SUITE B101 PALM COAST FL 32137

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO Box 6017 Suite, Apt. #, etc.
City & State	City & State: Ft Myers BCH, FL
Zip / Country	Zip: 33932 / Country: Lee

4. FEI Number: 20-0659408 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name: DG Suitor & Assoc
Street Address (P.O. Box Number is Not Acceptable): 100 Lovers Lane
3rd Floor
City: Ft Myers BCH FL Zip Code: 33931

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: 2/18/5
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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	PD HARKINS, WILLIAM 21 OLD KINGS ROAD NORTH #B101 PALM COAST FL 32137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TOM RUSSO 15655 OCEANWALK LA #1315 FT MYERS, FL 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROBINSON, GREG 21 OLD KINGS ROAD NORTH #B101 PALM COAST FL 32137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JUSTIN RUZICKA 15590 OCEANWALK LA #7304 FT MYERS, FL 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HALPERN, RICH 28733 MEGAN DRIVE BONITA SPRINGS FL 34135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EILEEN M. LORD 11400 OCEANWALK LA #5207 FT MYERS, FL 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VITO BARBUTO 15605 OCEANWALK LA #6213 FT Myers FL 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RON DECONDE 15585 OCEANWALK LA #8112 FT Myers, FL 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition

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: _____ 2/18/5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #