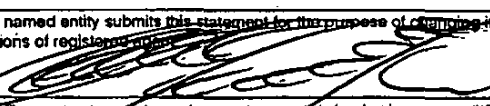


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (A-)

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-23-2005 90078 026 ****61.25

DOCUMENT # N04000000306					
1. Entity Name GARDENS AT BEACHWALK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 21 OLD KINGS ROAD NORTH SUITE B101 PALM COAST FL 32137			Mailing Address 21 OLD KINGS ROAD NORTH SUITE B101 PALM COAST FL 32137		
2. Principal Place of Business			3. Mailing Address PO Box 6017		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State FT MYERS BCH, FL		
Zip	Country	Zip	Country	4. FEI Number 20-0659408	
33932	Lee	33932	Lee	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 Sutor & 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 2/18/05					
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	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	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	Change ☐ Addition ☒	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☒	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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:  DATE 2/18/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					