

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90084 017 ****61.25

DOCUMENT # N05000004740					
1. Entity Name GARDEN WALK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5310 26TH STREET W BRADENTON, FL 34207 US			Mailing Address 4370 S TAMiami TRAIL SUITE 102 SARASOTA, FL 34231 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3048492	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASEY CONDOMINIUM MANAGEMENT, LLC 4370 S TAMiami TRAIL SUITE 102 SARASOTA, FL 34231				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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 PD NAME BRYANS, ROSS STREET ADDRESS 850 S TAMiami TRAIL CITY-ST-ZIP SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE SEC/TREAS NAME BRYANS, ROSS STREET ADDRESS 850 S. Tamiami Trail CITY-ST-ZIP SARASOTA, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME ALEX, FISCHER STREET ADDRESS 9701 OLD HYDE PARK PLACE CITY-ST-ZIP BRADENTON, FL 34202	<input checked="" type="checkbox"/> Delete		TITLE John V. Pres. NAME John P. Hitt STREET ADDRESS 850 S. TAMiami Tr. CITY-ST-ZIP SARASOTA FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME MOGER, JUDY STREET ADDRESS 2625 BEE RIDGE ROAD CITY-ST-ZIP SARASOTA, FL 34239	<input checked="" type="checkbox"/> Delete		TITLE Pres. NAME ROBERT DEMINO STREET ADDRESS #5310 26th St. #2404 CITY-ST-ZIP BRADENTON FL 34212	<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	
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	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Secretary 4/26/07 941 809 0034 <small>Date Daytime Phone #</small>		