


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 06, 2008 8:00 am**  
**Secretary of State**

06-06-2008 90014 020 \*\*\*\*61.25

**DOCUMENT # N07000011017**  
 1. Entity Name  
**GARDENS POINTE OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1601 FORUM PLACE  
 SUITE 805  
 WEST PALM BEACH, FL 33401**

Mailing Address  
**1601 FORUM PLACE  
 SUITE 805  
 WEST PALM BEACH, FL 33401**

00044601



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

05302008 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number Applied For  
 Not Applicable

City & State  
 Zip Country

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

**6. Name and Address of Current Registered Agent**  
**VAIL, ROBERT  
 1601 FORUM PLACE  
 SUITE 805  
 WEST PALM BEACH, FL 33401**

**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 September 12, 2008**

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**

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>Robert Vail</b>	
STREET ADDRESS	<b>1601 Forum Place, Suite 805</b>	
CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>Michael Clarke</b>	
STREET ADDRESS	<b>1601 Forum Place, Suite 805</b>	
CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>Scott Webb</b>	
STREET ADDRESS	<b>1601 Forum Place, Suite 805</b>	
CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** \_\_\_\_\_ **6/2/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #