

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2006 08:00 AM  
Secretary of State

DOCUMENT # N07575

1. Entity Name  
GARDEN OAKS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

PO BOX 5091  
NICEVILLE, FL 32578 US

Mailing Address

PO BOX 5091  
NICEVILLE, FL 32578 US



04042006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2792508

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANKER, MICHAEL C  
1729 WREN WAY  
NICEVILLE, FL 32578

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP  
NAME ANKER, MIKE  
STREET ADDRESS 1729 WAREN WAY  
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE PD  
NAME FOSTER, KIMBERLY  
STREET ADDRESS 55 BAY DR #5103  
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE D  
NAME FURBER, JANET  
STREET ADDRESS 55 BAY DR # 3204  
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE D  
NAME SARNOSKY, RICH  
STREET ADDRESS 55 BAY DR # 5202  
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE D  
NAME POE, SHERRY  
STREET ADDRESS 55 BAY DRIVE, # 4103  
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000534402  
05/08/06-80012-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*Michael C Anker President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06 850-897-7417

Date

Daytime Phone