

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N07575</b> 1. Entity Name GARDEN OAKS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business PO BOX 5091 NICEVILLE, FL 32578 US	Mailing Address PO BOX 5091 NICEVILLE, FL 32578 US
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**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2792508	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000701537  
 04/20/07-80062-014 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANKER, MIKE 1729 WAREN WAY NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOSTER, KIMBERLY 55 BAY DR #5103 NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURBER, JANET 55 BAY DR # 3204 NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARNOSKY, RICH 55 BAY DR # 5202 NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POE, SHERRY 55 BAY DRIVE, # 4103 NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 and empowered.

**SIGNATURE:** MICHAEL ANKER 4/09/07 850-897-7417  
SIGNATURE AND TITLE OF REGISTERED AGENT OR OFFICER OR DIRECTOR Date Daytime Phone #