


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90005 046 ****61.25

DOCUMENT # N11035

1. Entity Name
GARDEN LAKES VILLAGE 3 ASSOCIATION, INC.



4

Principal Place of Business
**4920 FRUITVILLE RD
 SARASOTA, FL 34232**

Mailing Address
**4920 FRUITVILLE RD
 SARASOTA, FL 34232**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04092008 Chg-NP CR2E037 (12/06)

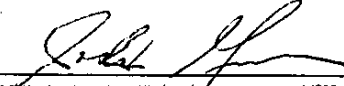
4. FEI Number
59-2770989 Applied For
 No: Applicable

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

6. Name and Address of Current Registered Agent
**WEIL, WARREN
 4920 FRUITVILLE RD
 SARASOTA, FL 34232**

7. Name and Address of New Registered Agent
 Name **John Gorman**
 Street Address (P.O. Box Number is Not Acceptable)
5116 Lakehurst Ct.
 City **Palmetto** FL Zip Code **34221**

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 **John Gorman** 
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature reduced when registering) DATE

**Filing Fee is \$61.25
 Due by May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	PDT DIMON, ANNETTE 5707 GARDEN LAKES FERN BRADENTON, FL 34203 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THERIAULT, LEN 3609 GARDEN LAKES IVY BRADENTON, FL 34203 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO FARR, MARY 3611 GARDEN LAKES IVY BRADENTON, FL 34203 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, CHARLES 5705 GARDEN LAKES FERN BRADENTON, FL 34203 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOCCO, JOSEPH 5721 GARDEN LAKES FERN BRADENTON, FL 34203 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIRCHILD, DARYL 5721 GARDEN LAKES MAJESTIC BRADENTON, FL 34203 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10


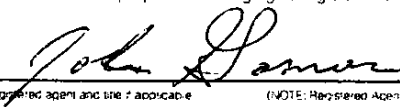
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 5714 GARDEN LAKES FERN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, LOUISE K. 5705 GARDEN LAKES FERN BRADENTON, FL 34203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUGH, MELVIN 5716 GARDEN LAKES FERN BRADENTON, FL 34203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" 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: **Daryl Fairchild**  **Daryl Fairchild** 9/16/08 941-752-1316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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ATTACHMENT

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Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2770989	
City & State		City & State		Applied For No: Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEIL, WARREN 4920 FRUITVILLE RD SARASOTA, FL 34232			7. Name and Address of New Registered Agent Name John Gorman Street Address (P.O. Box Number is Not Acceptable) 5116 Lakehurst Ct. City Palmetto FL Zip Code 34221		
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 <u>John Gorman</u> <small>Signature typed or printed name of registered agent and title if applicable</small>		 <small>(NOTE: Registered Agent signature reduced when re-registering)</small>		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <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		
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SIGNATURE: <u>Daryl Fairchild</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Daryl Fairchild		Date: 4/6/08 941-752-1316	