2006 NOT-FOR-PROFIT CORPORATION

FILED Apr 05, 2006 8:00 am Secretary of State 04-05-2006 90137 012 ****61.25

ANNUAL REPORT	
DOOLINGNIT #NIA074E	

Principal Place of Business 2005 Sty 33PD ST, P.O. BOX 2495 BUGS. 200 OCALA, R. 34474 US 2. Principal Place of Business 2005 Sty 33PD ST, P.O. BOX 2495 BUGS. 200 OCALA, R. 34474 US 2. Principal Place of Business 2005 Sty 33PD ST, P.O. BOX 2495 BUGS. 200 OCALA, R. 34474 US 2. Principal Place of Business 2005 Sty 33PD ST, P.O. BOX 2495 BUGS. 200 PLACED BUGS. 2	1. Entity Nam	e	# N19715 GARDEN VILLAS	ASSOCI	ATION, INC.						, , , 013, 0	12 01.	20
Suite, Apt. 8, etc. City & State	2605 SW 331 BLDG. 200	RD ST,		P.O. E	30X 2495	JS		-				1 ETER 11811 EKNIL E	121110 F1 1181
City & State Ci	2. Principal Place of Business . 3.			. 3. Maili	3. Mailing Address								
Signature Sign	Suite, Apt.	#, etc.		Sui	te, Apt. #, etc.						CR2	<u> </u>	
S. Certificate of Status Desired Agent Fee Requered	City & State			City	City & State				4. FEI Numb 59-276	er 2267			• •
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E. The above named entity submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature			INETH					ddress (F	P.O. Box Numb	er is Not Accept	table)		<u>.</u>
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 Rorda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature hybrid or protect name of registered agent into 4 acplicable. (NOTE Registered Agent spokeure required when revealance) OATE	OCALA, FI	L 34474								<u>.</u>			
SIGNATURE Filting Foe Is \$61.25 Due by May 1, 2006 Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State							,					<u> </u>	
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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:

Lou Molhan uin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/06 Date

352/369-9881 Daytime Phone #