

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 18, 2005  
Secretary of State**

DOCUMENT# N46241

**Entity Name:** GARDEN CITY RESORT HOMEOWNERS ASSOCIATION PHASE I, INC.

**Current Principal Place of Business:**

7310 CHERRY LAKE ROAD  
GROVELAND, FL 34736 US

**New Principal Place of Business:**

**Current Mailing Address:**

EXPAND, INC.  
4303 VINELAND ROAD, SUITE F-7  
ORLANDO, FL 32811 US

**New Mailing Address:**

P.O. BOX 74  
GROVELAND, FL 34736 US

**FEI Number:** 59-3107803      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EL DIFRAWI, AHMED  
ECAD FLORIDA CORPORATION  
7310 CHERRY LAKE RD  
GROVELAND, FL 34736 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MANSOUR, HATEM  
Address: 16802 ROYAL PALM DR  
City-St-Zip: GROVELAND, FL 34736

Title: D ( ) Delete  
Name: DUBBOIS, ROY  
Address: 110 E. BROAD STREET  
City-St-Zip: GROVELAND, FL 34736

Title: D ( ) Delete  
Name: MCNEILL, BRIAN  
Address: P.O. BOX 2235  
City-St-Zip: MINNEOLA, FL 34755

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HATEM MANSOUR

D

03/18/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date