

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

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90009 048 ****61.25

DOCUMENT # 761282

1. Entity Name
GARDEN HILLS HOME OWNERS ASSOCIATION, INC.



Principal Place of Business
**5331 MENDOZA ST.
WEST PALM BEACH, FL 33415**

Mailing Address
**5331 MENDOZA ST.
WEST PALM BEACH, FL 33415**



02142007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2321704

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ST. JOHN, CORE & LEMME, P.A.
1601 FORUM PLACE
SUITE 701
WEST PALM BEACH, FL 33401**

**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 reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BERG, BRUCE
STREET ADDRESS 5437 MENDOZA ST
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE VPD
NAME HUGHES, DAN
STREET ADDRESS 5449 BONKY COURT
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE TD
NAME MACHUOA, JUAN
STREET ADDRESS 5409 GARDEN HILL CIR
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE SD
NAME TIDMARCSH, DOTTY
STREET ADDRESS 1588 FERNGRAN AVENUE
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE D
NAME CENDER, TONI
STREET ADDRESS 5286 ROBBY COURT
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE D
NAME CRAMER, HARRIET
STREET ADDRESS 5247 MENDOZA ST
CITY-ST-ZIP WEST PALM BEACH, FL 33415

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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: *Harriet Cramer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 19, 2007
Date

(561) 433-2289
Daytime Phone #