

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727135

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: THE GARDENS 104, INC.

## Current Principal Place of Business:

100 DOGWOOD CIRCLE  
SEMINOLE, FL 33777 US

## New Principal Place of Business:

## Current Mailing Address:

7300 PARK STREET  
SEMINOLE, FL 33777 US

## New Mailing Address:

FEI Number: 59-1482673

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RESOURCE PROPERTY MANAGEMENT  
7300 PARK STREET  
SEMINOLE, FL 33777 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: DUPLER, JACK D  
Address: 221 DOGWOOD CIR  
City-St-Zip: SEMINOLE, FL 33777 US

Title: PD ( ) Delete  
Name: PASSELL, MERVYN PD  
Address: 206 DOGWOOD CIRCLE  
City-St-Zip: SEMINOLE, FL 33777 US

Title: VPD ( ) Delete  
Name: EADES, RUSSELL VPD  
Address: 115 DOGWOOD CIRCLE  
City-St-Zip: SEMINOLE, FL 33777 US

Title: TD ( ) Delete  
Name: CARTER, WARREN TD  
Address: 215 DOGWOOD CIRCLE  
City-St-Zip: SEMINOLE, FL 33777 US

Title: SD ( ) Delete  
Name: WALKENHORST, MARION SD  
Address: 124 DOGWOOD CIRCLE  
City-St-Zip: SEMINOLE, FL 33777 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: EADES, RUSTY  
Address: 115 DOGWOOD CIR  
City-St-Zip: SEMINOLE, FL 33777 US

Title: VP (X) Change ( ) Addition  
Name: ELLIS, BOB  
Address: 209 DOGWOOD CIRCLE  
City-St-Zip: SEMINOLE, FL 33777 US

Title: T (X) Change ( ) Addition  
Name: DUPLER, JACK  
Address: 221 DOGWOOD CIRCLE  
City-St-Zip: SEMINOLE, FL 33777 US

Title: D (X) Change ( ) Addition  
Name: NOSWORTH, ARLINE  
Address: 104 DOGWOOD CIRCLE  
City-St-Zip: SEMINOLE, FL 33777 US

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 Chapter 119, 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: RUSTY EADES

P

04/17/2007

Electronic Signature of Signing Officer or Director

Date