

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004047

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Entity Name:** THE GARDENS RESORT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

410 N. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

410 N. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

LAPE, WILLIAM H  
410 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805 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: DPVS  
Name: GRANATSTEIN, DONALD M  
Address: 410 N. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32805

Title: T  
Name: GRANATSTEIN, DONALD M  
Address: 410 N. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32805

Title: D  
Name: UNGER, SUSAN  
Address: 410 N. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32805

Title: D  
Name: JONES, BRIAN M  
Address: 300 SOUTH ORANGE AVE. STE 1000  
City-St-Zip: ORLANDO, FL 32801

I hereby 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 all other like empowered.

SIGNATURE: DONALD GRANATSTEIN

P

04/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date