

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

FILED
Feb 20, 2007 8:00 am
Secretary of State

01-18-2007 90090 042 ****61.25

DOCUMENT # 707779

1. Entity Name
ALBERT LAKES GARDEN CIVIC ASSOCIATION, INC.



Principal Place of Business
**C/O DENNIS P. KOEHLER
1966 RICHARD LANE
WEST PALM BEACH, FL 33406**

Mailing Address
**C/O DENNIS P. KOEHLER
P.O. BOX 19255
WEST PALM BEACH, FL 33406**

66002238



01092007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KOEHLER, DENNIS P
1966 RICHARD LANE
WEST PALM BEACH, FL 33406**

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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 KOEHLER, DENNIS
STREET ADDRESS 1966 RICHARD LANE
CITY-ST-ZIP W. PALM BEACH, FL 33406

TITLE VP
NAME PRUDENTE, PAULA
STREET ADDRESS 1836 EMILIO LANE
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE S
NAME DOWLING, EVELYN
STREET ADDRESS 1878 BELL LANE
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE T
NAME MASSEY, HANK
STREET ADDRESS 1877 EMILIO LANE
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *[Signature]* 2/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #