2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 21, 2008 8:00 am Secretary of State

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DOCUMENT # 707779 1. Entity Name ALBERT LAKES GARDEN CIVIC ASSOCIATION, INC.					ţ	04-21-200	3 90040 C)36 ****6	1.25
C/O DENNIS P. KOEHLER C/O 1966 RICHARD LANE P.O		P.O. BOX 19255	C/O DENNIS P. KOEHLER						
2. Principal Place of Business - No P.O. Box # 3. M		3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04162008 (Chg-NP	CR2E0	37 (12/06)	
City & State		City & State	City & State		4. FEI Number NOT APPL	ICABLE			oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of S	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Ad	Idress of New	Registered	Agent	
KOEHLER, DENNIS P			Name						
	HARD LANE LM BEACH, FL 33406		Street A	Vooress (I	P.O. Box Number is	Not Acceptat)ie)		
			City		·····			Žip Cod	
		<u></u>					FL	- 2.p 300	
	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered office o	r register	ed agent, or both, i	n the State of i	Rorida. Iam	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signal	ture required	when rainstating)		DATE		
SIGNATURE .		· · · · · · · · · · · · · · · · · · ·						k navahia t	
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee Is \$61.25 Due by May 1, 2008	and title if applicable. (MOTE: F 9. Election Camp Trust Fund Co	paign Financing		when reinstating) \$5.00 May Be Added to Fees		Make chec	k payable to	
SIGNATURE	Filling Fee Is \$61.25	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be	Fid	Make chec orida Depar	rtment of S	tate
	Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing intribution.		\$5.00 May Be Added to Fees	Fid	Make chec orida Depar	rtment of S	tzte
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplier/ental 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 is 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 the propowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF EXCHANG OFFICER ON DIRECTOR

Design Proper 9