2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 709503

1. Entity Name
GARDEN POINT, INC., A CONDOMINIUM

Principal Place of Business	Mailing Address
700 PINE DRIVE POMPANO BEACH, FL 33060	C/O BOARD OF DIRECTORS 700 PINE DRIVE POMPANO BEACH, FL 33060 US

01042008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-1160068

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAGILL, LISA A ESQ.
BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FORT LAUDERDALE, FL 33312

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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 _____ 1/11/08
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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	S
NAME	RUNT, AILLENE
STREET ADDRESS	700 PINE DR #106
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	P
NAME	POST, LOU
STREET ADDRESS	700 PINE DR, # 110
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	T
NAME	STROUB, MARTHA
STREET ADDRESS	700 PINE DR, #303
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	D
NAME	BRAYNE, WINSTON
STREET ADDRESS	700 PINE DR # 304
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	VP
NAME	WHITE, CAROL
STREET ADDRESS	700 PINE DR, # 208
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	D
NAME	DELGUDICE, THOMAS
STREET ADDRESS	700 PINE DR #109
CITY-ST-ZIP	POMPANO BEACH, FL 33060

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01/15/08-80046-025 61.25

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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: Martha Stroub Martha Stroub 1/10/2008 954-781-2307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #