

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709503

FILED
Jan 07, 2009
Secretary of State

Entity Name: GARDEN POINT, INC., A CONDOMINIUM

Current Principal Place of Business:

700 PINE DRIVE
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

C/O BOARD OF DIRECTORS
700 PINE DRIVE
POMPANO BEACH, FL 33060 US

New Mailing Address:

FEI Number: 59-1160068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGILL, LISA A ESQ.
BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FORT LAUDERDALE, FL 33312 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: S () Delete
Name: RUNT, AILLENE
Address: 700 PINE DR #106
City-St-Zip: POMPANO BEACH, FL

Title: P () Delete
Name: POST, LOU
Address: 700 PINE DR, # 110
City-St-Zip: POMPANO BEACH, FL 33060

Title: T () Delete
Name: STROUB, MARTHA
Address: 700 PINE DR, #303
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: BRAYNE, WINSTON
Address: 700 PINE DR # 304
City-St-Zip: POMPANO BEACH, FL

Title: VP () Delete
Name: WHITE, CAROL
Address: 700 PINE DR, # 208
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: DELGUDICE, THOMAS
Address: 700 PINE DR #109
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: RUNT, AILLENE
Address: 700 PINE DR #106
City-St-Zip: POMPANO BEACH, FL 33060

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BRAYNE, WINSTON
Address: 700 PINE DR # 304
City-St-Zip: POMPANO BEACH, FL 33060

Title: D (X) Change () Addition
Name: WHITE, CAROL
Address: 700 PINE DR, # 208
City-St-Zip: POMPANO BEACH, FL 33060

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARTHA STROUB

T

01/07/2009

Electronic Signature of Signing Officer or Director

Date