

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 DEC 13 AM 6:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 725184

1. Entity Name  
GARDEN COVE ASSOCIATION, INC.



Principal Place of Business  
531 KALMIA DR  
#5  
LAKE PARK, FL 33403

Mailing Address  
531 KALMIA DR  
#5  
LAKE PARK, FL 33403



REINSTATEMENT 07

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-1586272

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BREEN, KATHY  
531 W. KALMIA DR  
SUITE 5  
LAKE PARK, FL 33403

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Kathy Breen*

12-11-07

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 September 14, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
KARAZLA, JOCELYN  
531 W KALMIA, #12  
LAKE PARK, FL 33403 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
100110741671  
10/12/07--01061--010 \*\*\$61.25 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
BREEN, KATHY  
531 W KALMIA DR #5  
LAKE PARK, FL 33403 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
100110741671  
12/19/07--01011--014 \*\*\$175.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
SCH MIDT, KEN  
531 WEST KALMIA #1  
LAKE PARK, FL 33403 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

*Kathy Breen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-07 561-882-2526

Date

Daytime Phone #

12/17/07