2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725931

Entity Name: THE GARDENS 102, INC.

Apr 17, 2007 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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100 BUTTONWOOD CIR SEMINOLE, FL 33777

Current Mailing Address: New Mailing Address:

7300 PARK ST

SEMINOLE, FL 337774601 US

OFFICERS AND DIRECTORS:

FEI Number: 59-1461256 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RESOURCE PROPERTY MANAGEMENT 7300 PARK STREET SEMINOLE, FL 33777 US

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete GLUCK, JOHN PD HORTON, GILBERT PD Name: Name: 112 BUTTONWOOD CIRCLE Address: 223 BUTTONWOOD CIRCLE Address: City-St-Zip: SEMINOLE, FL 33777 US City-St-Zip: SEMINOLE, FL 33777 US

Title: () Delete Title: (X) Change () Addition MURRAY, DIANE VPD Name: MURRAY, RICHARD VPD Name: Address: 201 BUTTONWOOD CIRCLE Address: 201 BUTTONWOOD CIRCLE City-St-Zip: SEMINOLE, FL 33777 US City-St-Zip: SEMINOLE, FL 33777 US

Title: () Delete Title: (X) Change () Addition WHITE, MARIE TD Name: BROWN, CLAUDETTE TD Name: 122 BUTTONWOOD CIRCLE 212 BUTTONWOOD CIRCLE Address: Address: City-St-Zip: SEMINOLE, FL 33777 US City-St-Zip: SEMINOLE, FL 33777 US

Title: SD () Delete Title: () Change () Addition LAUKAITIS, JOSEPH SD Name:

Name: 204 BUTTONWOOD CIRCLE Address: Address: City-St-Zip: SEMINOLE, FL 33777 SD City-St-Zip:

Title: () Delete Title: (X) Change () Addition

AUGELLI, NICHOLAS D AUGELLI, NICHOLAS D Name: Name: 224 BUTTONWOOD CIRCLE 224 BUTTONWOOD CIRCLE Address: Address: City-St-Zip: SEMINOLE, FL 33777 US City-St-Zip: SEMINOLE, FL 33777 US

I hereby certify that the information supplied with this filing does not qualify for the 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: NICHOLAS AUGELLI Ρ 04/17/2007