


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90102 025 \*\*\*\*70.00

<b>DOCUMENT # 726932</b> 1. Entity Name NORTH GARDEN CONDOMINIUM OF DEERFIELD BEACH, INC.					
Principal Place of Business 700 SOUTHEAST SIXTH AVE. DEERFIELD BEACH, FL 33441			Mailing Address 700 SOUTHEAST SIXTH AVE. DEERFIELD BEACH, FL 33441		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-1499683				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  VAN HOUTEN, JOHN A 700 S.E. 6TH AVE. APT. 301 DEERFIELD BEACH, FL 33441				7. Name and Address of New Registered Agent Name <u>GAIL TIERNEY</u> Street Address (P.O. Box Number is Not Acceptable) <u>700 SE 6 AVE. #113</u> City <u>DEERFIELD BEACH</u> FL <u>33441</u>	
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 <u>Gail Tierney</u> <u>GAIL TIERNEY</u> <u>2.18.06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN HOUTEN, JOHN A 700 SE 6TH AVE, # 301 DEERFIELD BCH, FL 33441	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TIERNEY, GAIL 700 SE 6 AVE #113 DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEDGES, HAROLD 700 SE 6TH AVE, #202 DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Joni Shepperd 700 SE 6 AVE. # 103 DEERFIELD BEACH FL 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TIERNEY, GAIL 700 SE 6TH AVE, # 113 DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Tim Grover 700 SE 6 AVE # 214 DEERFIELD BEACH FL 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENDIEW, TONY 700 SE 6 AV DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James DeBerry 700 SE 6 AVE # 109 DEERFIELD BEACH FL 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEORN, TERESA 700 SE 6TH AVE, # 102 DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Don Bastedenbeck 700 SE 6 AVE. # 207 DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACKUS, AGNUS 700 SE 6TH AVE, #205 DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Gail Tierney GAIL TIERNEY 2.18.06 771-1900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #