

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727135

FILED
Apr 06, 2009
Secretary of State

Entity Name: THE GARDENS 104, INC.

Current Principal Place of Business:

100 DOGWOOD CIRCLE
SEMINOLE, FL 33777 US

New Principal Place of Business:

Current Mailing Address:

7300 PARK STREET
SEMINOLE, FL 33777 US

New Mailing Address:

FEI Number: 59-1482673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESOURCE PROPERTY MANAGEMENT
7300 PARK STREET
SEMINOLE, FL 33777 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: P () Delete
Name: EADES, RUSTY
Address: 115 DOGWOOD CIR
City-St-Zip: SEMINOLE, FL 33777 US

Title: VP () Delete
Name: ELLIS, BOB
Address: 209 DOGWOOD CIRCLE
City-St-Zip: SEMINOLE, FL 33777 US

Title: T () Delete
Name: DUPLER, JACK
Address: 221 DOGWOOD CIRCLE
City-St-Zip: SEMINOLE, FL 33777 US

Title: D () Delete
Name: NOSWORTH, ARLINE
Address: 104 DOGWOOD CIRCLE
City-St-Zip: SEMINOLE, FL 33777 US

Title: SD () Delete
Name: WALKENHORST, MARION SD
Address: 124 DOGWOOD CIRCLE
City-St-Zip: SEMINOLE, FL 33777 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: EADES, RUSTY
Address: 115 DOGWOOD CIR
City-St-Zip: SEMINOLE, FL 33777 US

Title: P (X) Change () Addition
Name: ELLIS, BOB
Address: 209 DOGWOOD CIRCLE
City-St-Zip: SEMINOLE, FL 33777 US

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

Title: D (X) Change () Addition
Name: SMITH, WARREN
Address: 104 DOGWOOD CIRCLE #214
City-St-Zip: SEMINOLE, FL 33777 US

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: BOB ELLIS

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date