2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#728820

FILED Mar 29, 2007 Secretary of State

Entity Name: RICHMOND'S HIDDEN GARDENS ASSOCIATION OF FORT MYERS, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR 434 SUITE 434 LONGWOOD, FL 32779 **New Mailing Address: Current Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US FEI Number: 59-1873398 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: HART, JAMES W JR C/O SENTRY MANAGEMENT INC 2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition WILLIAMS, DARLENE VANDERVOORT, MARY Name: Name: 10109 COLONEL HANCOCK DR Address: 7400 COLLEGE PKWY #8C Address: City-St-Zip: LOUISVILLE, KY 40291 City-St-Zip: FORT MYERS, FL 33907 (X) Change () Addition Title: () Delete Title: SHERRARD, MARTY Name: OLEARY, MICHAEL Name: Address: 8313 REGENCY WOODS WAY Address: 7400 COLLEGE PKWY #4C City-St-Zip: LOUISVILLE, KY 40220 City-St-Zip: FORT MYERS, FL 33907 Title: () Delete Title: () Change () Addition LINEHAN, NANCY Name: Name: 7400 COLLEGE PKWY #56C Address: Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition REMLER, LUCILLE Name: Name: TERLINDEN, GARY 7400 COLLEGE PKWY #1A 856 GULF VIEW DR Address: Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FOND DU LAC, WI 54935 Title: () Delete Title: () Change () Addition ALEXANDER, EMIL Name: Name: 7400 COLLEGE PARKWAY #77B Address: Address: City-St-Zip: FT MYERS, FL 33900 City-St-Zip:

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: MARY VANDERVOORT PD 03/29/2007