2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# 728820

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

Current Principal Place of Business:

2180 WEST SR 434
SUITE 434
LONGWOOD, FL 32779 US

New Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-1873398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 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: PD ( ) Delete
Name: TERLINDEN, GARY
Address: 7400 COLLEGE PKWY #1D
City-St-Zip: FORT MYERS, FL 33907

Title: VPD ( ) Delete
Name: SHERRARD, MARTHA
Address: 4110 BROOK FARM PL
City-St-Zip: LOUISVILLE, KY 40299

Title: SD ( ) Delete
Name: LINEHAN, NANCY
Address: 7400 COLLEGE PKWY #56C
City-St-Zip: FORT MYERS, FL 33907

Title: TD ( ) Delete
Name: REMLER, LUCILLE
Address: 7400 COLLEGE PKWY #1A
City-St-Zip: FORT MYERS, FL 33907

Title: D ( ) Delete
Name: FERRIES, BRIAN J
Address: 104 WARREN AVE
City-St-Zip: ROSCOMMON, MI 48653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: GARY TERLINDEN PD 03/04/2009

Electronic Signature of Signing Officer or Director — Date