2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#738123

Entity Name: THE GARDENS 107, INC.

FILED Jul 11, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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8039 GARDEN DRIVE SEMINOLE, FL 33777 US

Current Mailing Address: New Mailing Address:

7300 PARK STREET PO BOX 7341

SEMINOLE, FL 33777 US SEMINOLE, FL 33775 US

FEI Number: 59-1870432 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

RESOURCE PROPERTY MANAGEMENT GENERAL ACCOUNTING SYSTEMS INC

7300 PARK STREET 601 5TH AVE NO

SEMINOLE, FL 33777 US ST.PETERSBURG, FL 33701 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: MARC MANCINO 07/11/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 GALLENGER, GORDON PD
 Name:
 GALLENGER, GORDON PD

 Address:
 8039 GARDEN DR #111
 Address:
 8039 GARDEN DR #212

 City-St-Zip:
 SEMINOLE, FL 33777 US
 SEMINOLE, FL 33777 US

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

 Name:
 DOWNER, PAM VPD
 Name:
 GOLTL, RUTH VPD

 Address:
 8039 GARDEN DR #110
 Address:
 14131 84TH TERR NO

 City-St-Zip:
 SEMINOLE, FL 33777 US
 City-St-Zip:
 SEMINOLE, FL 33776 US

Title: TD () Delete Title: () Change () Addition

 Name:
 MAYENSCHEIN, DAVID TD
 Name:

 Address:
 8039 GARDEN DR., #201
 Address:

 City-St-Zip:
 SEMINOLE, FL 33777 US
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 DEMAESSCHALOK, FELIX D
 Name:

 Address:
 8039 GARDEN DR. #112
 Address:

 City-St-Zip:
 SEMINOLE, FL 33777 US
 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: GORGON GALLENGER PD 07/11/2007