2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 740214

FILED Apr 19, 2005 8:00 am Secretary of State

04-19-2005 90385 048 ****61.25

1. Entity Nam	GARDENS CONI	DOMINIUM ASS	g Address			4,000	0 00			
SARASOTA, F	/A GARDENS DRIVE L 34231-4905	2831 SAR/	LORIDA SERVICES, RINGLING BOULEV SOTA, FL 34237		BF					
2. Principal P	. Principal Place of Business 3 Suite, Apt. #, etc.		3. Mailing Address							
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.		04052005 C	hg-NP	CR2E03	7 (10/03)			
City & State Ci		City & State		4. FEI Number 59-194591	4			oplied For of Applicable		
Zip	Country	Zip)	Count	try	5. Certificate of St	atus Desired		\$8.75 Add Fee Require	
	6. Name and Addres	s of Current Registere	d Agent		Name	7. Name and Add	Iress of New R	egistered A	gent	
	IDA SERVICES SLING BOULEVARD)		<u> </u> _		P.O. Box Number is	Not Acceptable	*)		
SUITE 218				-	··· <u>·</u>	<u></u>		·· ·		
	. ,			-	City		 	FL	Zip Cod	
	named entity submits this ions of registered agent.						the State of Flo		amiliar with,	and accept
	Signature, typed or printed name of	x registered agent and title it app	MCable. (NUTE:	:: Hegistered A	Agent signature required	1 when reinstating)		DATE		
	Filing Fee Is \$61.2 Due by May 1, 200	25 .	9. Election Cam Trust Fund Co	paign Fina	ancing	\$5.00 May Be Added to Fees		 ake check	payable to	
10.	Filing Fee is \$61.2 Due by May 1, 200 OFFIC	25 .	9. Election Cam Trust Fund Co	npaign Fina contribution	ancing	\$5.00 May Be	Flori	ake check ida Depart	RECTORS IN	tate
	Filing Fee Is \$61.2 Due by May 1, 200	25 D5 CERS AND DIRECTORS	9. Election Cam	npaign Fina Contribution 11. TITLE NAME	ancing	\$5.00 May Be Added to Fees	Flori	ake check ida Depart	tment of Si	tate
10. TITLE NAME STREET ADDRESS	Filing Fee Is \$61.2 Due by May 1, 200 OFFIC D OHNSTAD, HENRY 2831 RINGLING BLV	25 DEERS AND DIRECTORS OD 218F 37	9. Election Cam Trust Fund Co	npaign Fina contribution 11. TITLE NAME STREET CITY-ST	ADDRESS T-ZIP ADDRESS	\$5.00 May Be Added to Fees	Flori	ake check ida Depart	RECTORS IN	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Piling Fee Is \$61.2 Due by May 1, 200 OFFIC D OHNSTAD, HENRY 2831 RINGLING BLV SARASOTA, FL 342 DP LASHUA, KIM 2831 RINGLING BLV	25 DEERS AND DIRECTORS 0D 218F 37 0D 218F 37	9. Election Cam Trust Fund Co	npaign Fina contribution 11. TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	\$5.00 May Be Added to Fees	Flori	ake check ida Depart	RECTORS IN	tate ₹ 10 ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee Is \$61.2 Due by May 1, 200 OFFIC D OHNSTAD, HENRY 2831 RINGLING BLV SARASOTA, FL 342 DP LASHUA, KIM 2831 RINGLING BLV SARASOTA, FL 342 T ST EVE, DANIEL 2831 RINGLING BLV 2831 RINGLING BLV	25 DEERS AND DIRECTORS 7D 218F 37 7D 218F 37 7D 218F 37	9. Election Cam Trust Fund Co	npaign Fina contribution 11. TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	\$5.00 May Be Added to Fees	Flori	ake check ida Depart	Change	tate 10 Addition Addition
TIO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Filing Fee Is \$61.2 Due by May 1, 200 OFFIC D OHNSTAD, HENRY 2831 RINGLING BLV SARASOTA, FL 342 DP LASHUA, KIM 2831 RINGLING BLV SARASOTA, FL 342 T ST EVE, DANIEL 2831 RINGLING BLV SARASOTA, FL 342 S FLORE, MICHAEL 2831 RINGLING BLV	25 DERS AND DIRECTORS 7D 218F 37 7D 218F 37 7D 218F 37 7D 218F 37	9. Election Cam Trust Fund Co	npaign Fina contribution 11. ITILE NAME STREET CITY-SI TITLE NAME STREET CITY-SI	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	\$5.00 May Be Added to Fees	Flori	ake check ida Depart	Change	tate 10 Addition Addition

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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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