


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90194 028 ****61.25

DOCUMENT # 745295 1. Entity Name THE RINGLING GARDEN APARTMENTS ASSOCIATION, INC.					
Principal Place of Business 2304 RINGLING BLVD. SARASOTA, FL 34237		Mailing Address 2304 RINGLING BLVD. SARASOTA, FL 34237			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2831 Ringling Blvd. Suite 218 Sarasota, FL 34237			
City & State		4. FEI Number 59-1985186			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
GULLIN, MARY 2304 RINGLING BLVD SUITE 213 SARASOTA, FL 34237			Name All Florida Services, Inc. Street Address 2831 Ringling Blvd. City Sarasota, FL 34237		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Gerald Bishop</i></u> Gerald Bishop 4/22/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME ROGGIO, ROBERT STREET ADDRESS 8440 SANDERLING RD CITY-ST-ZIP SARASOTA, FL 34242	<input checked="" type="checkbox"/> Delete		TITLE P NAME RANDALL LOBOLLE STREET ADDRESS 2831 Ringling Blvd. CITY-ST-ZIP Suite 218 Sarasota, FL 34237	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME LOMBARDI, KATHLEEN STREET ADDRESS 1015 YALE AVE CITY-ST-ZIP SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE VP NAME LOBBLE STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME COTTOM, LOUISE STREET ADDRESS 2304 RINGLING BLVD., #116 CITY-ST-ZIP SARASOTA, FL 34237	<input type="checkbox"/> Delete		TITLE S NAME 2831 Ringling Blvd. STREET ADDRESS Suite 218 CITY-ST-ZIP Sarasota, FL 34237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME BUNTON, WANDA STREET ADDRESS 2304 RINGLING BLVD # 217 CITY-ST-ZIP SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete		TITLE T NAME JOE GAETO STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE AS NAME JANET CONROY STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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: <u><i>Kathy Comandari</i></u> Kathy Comandari - Vice Pres 4/22/05 941-366-7466 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>					