


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90017 009 \*\*\*\*61.25

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<b>DOCUMENT # 745295</b>					
1. Entity Name <b>THE RINGLING GARDEN APARTMENTS ASSOCIATION, INC.</b>					
Principal Place of Business 2304 RINGLING BLVD. SARASOTA, FL 34237		Mailing Address 2831 RINGLING BLVD STE 218 SARASOTA, FL 34237			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1985186</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALL FLORIDA SERVICES INC 2831 RINGLING BLVD STE 218 SARASOTA, FL 34237			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOBOLLE, RANDALL		NAME		
STREET ADDRESS	2831 RINGLING BLVD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTTOM, LOUISE		NAME		
STREET ADDRESS	2831 RINGLING BLVD STEE 218		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAETO, JOE		NAME		
STREET ADDRESS	2831 RINGLING BLVD STE 218		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONROY, JANET		NAME		
STREET ADDRESS	2831 RINGLING BLVD STE 218		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Joe Gaeto</i>		Date: <i>3/1/07</i>		Daytime Phone #: <i>941 366-7466</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					