

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749924

FILED
Mar 11, 2008
Secretary of State

Entity Name: AQUA GARDENS TOWNHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

2000 FORREST NELSON BLVD
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

C/O KEUKER TAX SERVICE, INC.
1931 TAMIAMI TR., STE 12
PORT CHARLOTTE, FL 33948 US

New Mailing Address:

FEI Number: 59-1955352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEUKER TAX SERVICE, INC.
1931 TAMIAMI TRAIL, SUITE 12
PORT CHARLOTTE, FL 33948 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: SAUNDERS, ESTHER
Address: 2000 FORREST NELSON BLVD C-3
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VPD () Delete
Name: VOSS, GISELA
Address: 2000 FORREST NELSON BLVD. C-5
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: DUFFY, PHYLLIS
Address: 2000 FOREST NELSON BLVD. C-6
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DST (X) Change () Addition
Name: ROYER, RON
Address: 2000 FORREST NELSON BLVD. C-4
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D (X) Change () Addition
Name: FREEMAN, VIOLA
Address: 2000 FOREST NELSON BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33952

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: OSCAR A F KEUKER, CAM

CAM

03/11/2008

Electronic Signature of Signing Officer or Director

Date