


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 08:00 AM
Secretary of State
RECEIVED
FEB 09 2005
BY:

DOCUMENT # 751814	
1. Entity Name WARDEN HOUSE ASSOCIATES, INC.	

Principal Place of Business 200 N OCEAN BLVD PALM BEACH FL 33480 US	Mailing Address 2994 JOG RD #B GREENACRES FL 33467
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2405394	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GERRISH, SCOTT C/O CMC MGMT 2994 JOG RD #B GREENACRES FL 33467

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

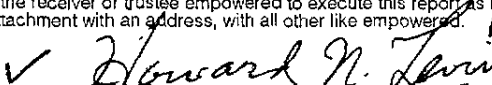
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Scott Gerrish** **4/12/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME FORSYTHE, CARL S III	TITLE	NAME
STREET ADDRESS 420 LEXINGTON AVENUE	CITY-STATE-ZIP NEW YORK NY	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE VD	NAME LEVIN, HOWARD	TITLE	NAME
STREET ADDRESS 200 N OCEAN BLVD #3	CITY-STATE-ZIP PALM BEACH FL 33480	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE TSD	NAME KAY, MARCIA	TITLE	NAME
STREET ADDRESS 200 N OCEAN BLVD #6	CITY-STATE-ZIP PALM BEACH FL 33480	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Howard Levin** **April 19 '05** (561) 441-1016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #