

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90157 036 ****61.25

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 106 RD #8 GREENACRES, FL 33467	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 17812 Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL.		City & State WEST PALM BEACH, FL.	
Zip 33416-7812	Country U.S.	4. FEI Number 59-2405394	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GERRICH, SCOTT 610 ONE MOMT 2994 106 RD #8 GREENACRES, FL 33467		7. Name and Address of New Registered Agent Name CARL S. FORSYTHE III Street Address (P.O. Box Number is Not Acceptable) 200 N. OCEAN BLVD. #4 City PALM BEACH FL Zip Code 33480	
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 <i>Carl S. Forsythe III</i> <small>Signature, typed or printed name of registered agent and the filer.</small>		SIGNATURE <i>CARL S. FORSYTHE III</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY - ST - ZIP	PD FORSYTHE, CARL S III 420 LEXINGTON AVENUE NEW YORK, NY 10170	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V D ADRIA ROUSH DINGLETOWN ROAD GREENWICH, CT. 06830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VB EELVIN HOWARD 200 N OCEAN BLVD #3 PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S D KAT MARCIA 200 N. OCEAN BLVD. #6 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	KAT MARCIA 200 N OCEAN BLVD #6 PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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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>Carl S Forsythe III</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		SIGNATURE: <i>CARL S. FORSYTHE III</i> <small>Date</small>	
4/17/2006		4/17/2006	