


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 751814</b> 1. Entity Name <b>WARDEN HOUSE ASSOCIATES, INC.</b>	
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Principal Place of Business <b>200 N OCEAN BLVD PALM BEACH, FL 33480 US</b>	Mailing Address <b>POB 17812 WEST PALM BEACH, FL 33416-7812</b>
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**DO NOT WRITE IN THIS SPACE**



D1062008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2405394</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**FORSYTHE, CARL S III  
200 N OCEAN BLVD 4  
PALM BEACH, FL 33480**

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U600000950895 06/04/08-80010-011 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FORSYTHE, CARL S III 420 LEXINGTON AVENUE NEW YORK, NY 10170</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD KAY, MARCIA 200 N OCEAN BLVD #6 PALM BEACH, FL 33480</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD ROUSH, ADRIA DINGLETOWN RD GREENWICH, CT 06830</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:** Carl S. Forsythe III **CARL S. FORSYTHE III** 4/19/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
1-212-867-8280