

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 29, 2007**  
**Secretary of State**

DOCUMENT# 751893

**Entity Name:** GARDEN VILLAS IN NORTH RIVER SHORES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**818 NW 10TH TERR  
STUART, FL 34994 US**New Principal Place of Business:****Current Mailing Address:**818 NW 10TH TERR  
STUART, FL 34994 US**New Mailing Address:****FEI Number:** 59-2159309**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**JOHNSON, SHANNON  
802 NW 10TH TERRACE  
STUART, FL 34994 US**Name and Address of New Registered Agent:**FOSTER, JOANNE M  
55 EAST OCEAN BLVD.  
STUART, FL 34994 US

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: JOANNE M. FOSTER

10/29/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FOSTER, JODIE  
Address: 742 NW 10TH TERRACE  
City-St-Zip: STUART, FL 34994 US

Title: VP ( ) Delete  
Name: YOCUM, JOHN  
Address: 770 NW 10TH TERRACE  
City-St-Zip: STUART, FL 34994 US

Title: S ( ) Delete  
Name: THEILING, KATE  
Address: 756 NW 10TH TERR  
City-St-Zip: STUART, FL 34994 US

Title: AS (X) Delete  
Name: MARTIN, DOROTHY D  
Address: 766 NW 10TH TERRACE  
City-St-Zip: STUART, FL 34994

Title: T (X) Delete  
Name: JOHNSON, SHANNON  
Address: 802 NW 10TH TERRACE  
City-St-Zip: STUART, FL 34994

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FOSTER, JOANNE  
Address: 742 NW 10TH TERRACE  
City-St-Zip: STUART, FL 34994 US

Title: VPD (X) Change ( ) Addition  
Name: YOCUM, JOHN  
Address: 770 NW 10TH TERRACE  
City-St-Zip: STUART, FL 34994 US

Title: STD (X) Change ( ) Addition  
Name: THEILING, KATE  
Address: 756 NW 10TH TERR  
City-St-Zip: STUART, FL 34994 US

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

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

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: JOANNE M. FOSTER

PD

10/29/2007

Electronic Signature of Signing Officer or Director

Date