

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751893

FILED
Mar 22, 2009
Secretary of State

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:

FOSTER, JOANNE M
55 EAST OCEAN BLVD.
STUART, FL 34994 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: FOSTER, JOANNE
Address: 742 NW 10TH TERRACE
City-St-Zip: STUART, FL 34994 US

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

Title: STD () Delete
Name: CULLINANE, CHRISTINA
Address: 749 NW 10TH TERRACE
City-St-Zip: STUART, FL 34994 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FRAZIER, DONNA
Address: 792 NW 10TH TERRACE
City-St-Zip: STUART, FL 34994 US

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

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

Title: TD () Change (X) Addition
Name: THEILING, KATHERINE
Address: 756 NW 10TH TERRACE
City-St-Zip: STUART, FL 34994 US

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 FOSTER

SD

03/22/2009

Electronic Signature of Signing Officer or Director

Date