


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90293 031 \*\*\*\*61.25

<b>DOCUMENT # 752305</b>		
1. Entity Name GARDEN VILLAS TOWNHOUSES HOMEOWNER'S ASSOCIATION, INC.		

Principal Place of Business 4320 LILAC ST. #4A PALM BEACH GARDENS, FL 33410	Mailing Address 4320 LILAC ST. #4A PALM BEACH GARDENS, FL 33410
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent KUCHARCIK, JOSEPH ESQ 1211 THE PLAZA 4546 COUNTY LINE SINGER ISLAND, FL 33404		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MCMULLEN, WALTON B 4320 LILAC STREET #4A PALM BCH. GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST <input checked="" type="checkbox"/> Delete FERGUSON, LORI L 4320 LILAC STREET #1A PALM BEACH GARDENS, FL 33410	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DEANE O. UGALDE 9746 HONEYSUCKLE AVE PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP <input checked="" type="checkbox"/> Delete BURKE, MICHAEL 2401 P.G.A. BLVD., STE. 187 PALM BEACH GARDENS, FL 33410	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROSSEL BARRIOS 4300 LILAC STREET #4B PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	*BOARD OF DIRECTORS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ABBIE WILLIAMS 4320 LILAC STREET #4C PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BOARD OF DIRECTORS <input type="checkbox"/> Change <input type="checkbox"/> Addition VALERIE CRAMER 4300 LILAC STREET #1C PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Deane O. Ugalde DEANE O. UGALDE 4/22/05 561-622-4817  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #