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DOCUMENT # 752305						Secretary of State 04-24-2006 90395 001 ****61.25	
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			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent KUHARCIK, 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			
4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
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		DST		TITLE			
NAME		MCMULLEN, WALTON B		NAME			
STREET ADDRESS		4320 LILAC STREET #4A		STREET ADDRESS			
CITY-ST-ZIP		PALM BCH. GARDENS, FL 33410		CITY-ST-ZIP			
TITLE		DP		TITLE			
NAME		UGALDE, DEANE D		NAME			
STREET ADDRESS		9746 HONEYSUCKLE AVE		STREET ADDRESS			
CITY-ST-ZIP		PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP			
TITLE		DVP		TITLE			
NAME		BARRIOS, ROSBEL		NAME			
STREET ADDRESS		4300 LILAC STREET, # 4B		STREET ADDRESS			
CITY-ST-ZIP		PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP			
TITLE		BOD		TITLE			
NAME		WILLIAMS, ABBIE		NAME			
STREET ADDRESS		4320 LILAC STREET, # 4C		STREET ADDRESS			
CITY-ST-ZIP		PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP			
TITLE		BOD		TITLE			
NAME		CRAMER, VALERIE		NAME			
STREET ADDRESS		4320 LILAC STREET, # 1C		STREET ADDRESS			
CITY-ST-ZIP		PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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: <u>Deane O. Ugalde</u> DEANE O. UGALDE				4/21/06 561-692-4817			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			