


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90022 048 ****61.25

DOCUMENT # 752305 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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		
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 \$81.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	T MCMULLEN, WALTON B 4320 LILAC STREET #4A PALM BCH. GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lori Ferguson c/o Jane Wilbrecht 100 S. Village Way Jupiter, FL 33477
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP UGALDE, DEANE D 9746 HONEYSUCKLE AVE PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TORRES, SANDRA L 4320 LILAC STREET 3B PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-Secretary
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD WILLIAMS, ABBIE 4320 LILAC STREET, # 4C PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Matt Flynn 549 Riverside Dr. Palm Beach Gardens, FL 33410
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEITZBERG, JUNE 4320 LILAC STREET, # 1C PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 D. Ugalde</u> DEANE D. UGALDE 4/2/08 561-622-4817 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					