

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754088

FILED
Apr 09, 2007
Secretary of State

Entity Name: A GARDEN WALK RECREATION COUNCIL, INC.

Current Principal Place of Business:

8200 N. MILITARY TRAIL
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

8200 N. MILITARY TRAIL
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STANGER, KENNETH G
415 WINTER LN
PALM BEACH GARDENS, FL 33410 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: P () Delete
Name: STANGER, KENNETH G
Address: 415 WINTER LN
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: DVP (X) Delete
Name: ALLEN, EDWARD
Address: 369 N FOUR SEASONS
City-St-Zip: WEST PALM BEACH, FL 33410

Title: SD () Delete
Name: CAREY, MAUREEN L
Address: 227 FALL CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DT () Delete
Name: DARR, ELEANOR
Address: 284 SPRING CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DV (X) Delete
Name: BURFORD, KATHLEEN
Address: 363 N FOUR SEASONS
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: CASEY, GISELLE
Address: 77 N FOUR SEASONS
City-St-Zip: PALM BCH. GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DT (X) Change () Addition
Name: DARR, ELEANOR
Address: 272 SPRING CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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 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: ELEANOR S. DARR

DT

04/09/2007

Electronic Signature of Signing Officer or Director

Date