

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754088

FILED
Mar 20, 2009
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:

CAREY, MAUREEN L
227 FALL CIRCLE
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: CAREY, MAUREEN L
Address: 227 FALL CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: SD () Delete
Name: LOCASTRO, TIAN
Address: 177 SUMMER WIND TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DT () Delete
Name: DARR, ELEANOR S
Address: 272 SPRING CIRCLE
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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: JANOCHA, B. J
Address: 212 N. FOUR SEASONS
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

Title: DS (X) Change () Addition
Name: WHITE, RUTHANN
Address: 274 SPRING CIRCLE
City-St-Zip: PALM BCH. GARDENS, FL 33410

Title: D () Change (X) Addition
Name: CASEY, GISELLE
Address: 77 NORTH FOUR SEASONS
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: ELEANOR S. DARR

DT

03/20/2009

Electronic Signature of Signing Officer or Director

Date