

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90033 019 ****61.25

DOCUMENT # 756243

1. Entity Name

**THE GARDENS OF LEISURE BEACH CONDOMINIUM
ASSOCIATION INC.**



Principal Place of Business

P.O. BOX 5832
HUDSON FL 34674

Mailing Address

P.O. BOX 5832
HUDSON FL 34674



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2673033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDERSON, PATSY
6802 BEACH BLVD
HUDSON FL 34667**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW - FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME JUDICE, JOHN
STREET ADDRESS 6806 BEACH BLVD
CITY-ST-ZIP HUDSON FL 34667

TITLE VP ☒ Delete
NAME BARNOSKI, STEVE
STREET ADDRESS 6732 BEACH BLVD
CITY-ST-ZIP HUDSON FL 34667

TITLE SD ☐ Delete
NAME SHERNOWITZ, CAROL
STREET ADDRESS 6814 BEACH BLVD
CITY-ST-ZIP HUDSON FL 34667

TITLE TD ☐ Delete
NAME ANDERSON, PATSY
STREET ADDRESS 6802 BEACH BLVD
CITY-ST-ZIP HUDSON FL 34667

TITLE MD ☒ Delete
NAME LACKEY, KENNY
STREET ADDRESS 6804 BEACH BLVD
CITY-ST-ZIP HUDSON FL 34667

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **VACANT**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **VACANT**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Patsy Anderson**

Patsy Anderson 03-27-06 727863-543