

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756243

FILED
Mar 21, 2009
Secretary of State

Entity Name: THE GARDENS OF LEISURE BEACH CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

6814 BEACH BLVD
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5832
HUDSON, FL 34674

New Mailing Address:

FEI Number: 59-2673033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, PATSY
6802 BEACH BLVD
HUDSON, FL 34667 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: PD () Delete
Name: JUDICE, JOHN
Address: 6806 BEACH BLVD
City-St-Zip: HUDSON, FL 34667

Title: SD () Delete
Name: SHERNOWITZ, CAROL
Address: 6814 BEACH BLVD
City-St-Zip: HUDSON, FL 34667

Title: TD () Delete
Name: ANDERSON, PATSY
Address: 6802 BEACH BLVD
City-St-Zip: HUDSON, FL 34667

Title: VP () Delete
Name: LACKEY, KENNY
Address: 6814 BEACH BLVD
City-St-Zip: HUDSON, FL 34667

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

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: CAROL SHERNOWITZ

SD

03/21/2009

Electronic Signature of Signing Officer or Director

Date