


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90185 018 *****61.25

DOCUMENT # 762758					
1. Entity Name GARDEN VILLAS OWNERS' ASSOCIATION, INC.					
Principal Place of Business 219 CARMEL DR APT 36 FORT WALTON BEACH, FL 32547 US			Mailing Address 122 PINWOOD TERRACE FORT WALTON BEACH, FL 32548 US		
2. Principal Place of Business - No P.O. Box # 227 CARMEL DR		3. Mailing Address 227 CARMEL DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State FWB, FL		City & State FWB, FL		4. FEI Number 59-2249276	
Zip 32547		Country US		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURNS, DONNA E 122 PINWOOD TERRACE FORT WALTON BEACH, FL 32548			7. Name and Address of New Registered Agent Name: VICKI LOCKE Street Address (P.O. Box Number is Not Acceptable): 229 CARMEL DR #4 City: FWB, FL Zip Code: 32547		
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: <u>Vicki Locke</u> DATE: <u>4.23.07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURNS, DONNA 122 PINWOOD TERRACE FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEIN, GEORGE 709 OVERBROOK DR FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EPPERSON, TERESA 225 CARMEL DR SUITE 25 FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKE, VICKIE 229 CARMEL DR #4 FT WALTON BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELCH, ROBERT G 219 CARMEL DRIVE #36 FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHERI BARFIELD 229 CARMEL DR #9 FWB, FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<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>Vicki Locke</u> <u>VICKI LOCKE</u> DATE: <u>4.19.07</u> DAYTIME PHONE #: <u>850.863.2215</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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