2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 03, 2008 8:00 am Secretary of State

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DOCUMENT # 765765 1. Entity Name GARDENWAY CONDOMINIUM F, G, H, I AND J MAINTENANCE ASSOCIATION, INC.					; 5 (5	01-20-2000	3 20020 0	720	01.23
Principal Place of Business Mailing Address					,• '				
C/O Royal Crown Management 1655 PB Lakes Blvd Suite 208 WPB, FL 33401 C/O Royal Crown Management 1655 PB Lakes Blvd Suite 208 WPB, FL 33401						1867			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			! ! !!! !!! !!!!! !!!!	 	 		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				hg-NP	CR2E037		
City & Stat	te	City & State			4. FEI Number 59-23286	79		Nk	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of S	itatus Desirect	O \$	8.75 Add ee Require	titional d
	6. Name and Address of Current R	egistered Agent			7. Name and Ad	dress of New F	Registered A	pent	
RICH	HE KANANI		Name						
C/O Royal I	Crown Management		Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
• 1655 PB La	ikes Blvd Suite 208							·	
WPB, FL 3	3401		City				FL	Zip Cod	ė
	named entity submits this statement for litions of registered agent.	the purpose of changing its re	gistered office or	registere	ed agent, or both, in	the State of Fi	orida. I am ta	miliar with,	and accept
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	Laurel	>							
SIGNATURE	Signatural, hipsed or orbinion hierar of registered agent an	od sele if applicable INOTE R	legistered Agent signatu	z e required i	when reinstatung)	•	DATE		 .
SIGNATURE	Signaturi, typed or printed harve of registered against an Filling Fee Is \$61.25 Due by May 1, 2008	9. Election Camp. Trust Fund Cor	aign Financing		\$5.00 May Be Added to Fees		DATE Take check rida Departr		
SIGNATURE	Filing Fee is \$61.25	9. Election Camp Trust Fund Cor	aign Financing		\$5.00 May Be	Flo	lake check rida Departr	ment of Si	iate
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Cor	aign Financing ntribution.		\$5.00 May Be Added to Fees	Flo	lake check rida Departr RS AND DIRE	ment of Si	iate
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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.