

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 17, 2009  
Secretary of State

DOCUMENT# 765765

Entity Name: GARDENWAY CONDOMINIUM F, G, H, I AND J MAINTENANCE ASSOCIATION, INC.

## Current Principal Place of Business:

C/O ROYAL CROWN MANAGEMENT  
1655 PB LAKES, SUITE #208  
WEST PALM BEACH, FL 33401 US

## New Principal Place of Business:

C/O ROYAL CROWN MANAGEMENT  
5840 CORPORATE WAY SUITE 107  
WEST PALM BEACH, FL 33407 US

## Current Mailing Address:

C/O ROYAL CROWN MANAGEMENT  
1655 PB LAKES, SUITE #208  
WEST PALM BEACH, FL 33401 US

## New Mailing Address:

C/O ROYAL CROWN MANAGEMENT  
5840 CORPORATE WAY SUITE 107  
WEST PALM BEACH, FL 33407 US

FEI Number: 59-2328679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KANANI, RICHIE  
C/O ROYAL CROWN MANAGEMENT  
1655 PB LAKES BLVD SUITE 208  
WEST PALM, FL 33401 US

## Name and Address of New Registered Agent:

KANANI, RICHIE  
C/O ROYAL CROWN MANAGEMENT  
5840 CORPORATE WAY SUITE 107  
WEST PALM, FL 33407 US

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: RICHIE KANANI

03/17/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KEESECKER, MICHAEL  
Address: 12138 ALT A1A I-2  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D (X) Delete  
Name: SUDAND, JACKIE  
Address: 12104 ALT A1A G-3  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TD ( ) Delete  
Name: LEONHARDT, WALTER  
Address: 1212 D ALT. A1A #117  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SD ( ) Delete  
Name: KANE, LINDA  
Address: 12096 ALT A1A, F-3  
City-St-Zip: PALM BEACH GARDENS, FL 33410

## 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: MICHAEL KESSECKER

PR

03/17/2009

Electronic Signature of Signing Officer or Director

Date