


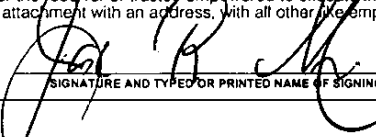
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90003 010 ****61.25

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DOCUMENT # 767561					
1. Entity Name GARDENWAY CONDOMINIUM A, B, C, D AND E MAINTENANCE ASSOCIATION, INC.					
Principal Place of Business C/O ASSOCIATED PROP 1928 LAKE WORTH RD LAKE WORTH, FL 33461 US		Mailing Address C/O ASSOCIATED PROP 1928 LAKE WORTH RD LAKE WORTH, FL 33461 US		02122007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1555511 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ASSOCIATED PROPERTY MGME OF PALM BEACHES I 1928 LAKE WORTH RD LAKE WORTH, FL 33461				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 _____ DATE _____ <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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TS <input type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	STEWART, IONE	NAME	MEIR, JOSE		
STREET ADDRESS	12076 ALT. A1A #E-7	STREET ADDRESS	12076 ALT. A1A #E-8		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP	P.O. GARDENS, FL 33410		
TITLE	SD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CARPENTER, THERESA	NAME	HERMES, WILLIAM		
STREET ADDRESS	12070 ALT A1A #D1	STREET ADDRESS	12070 ALT. A1A #D8		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP	P.O. GARDENS, FL 33410		
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FRESEMAN, SCOTT	NAME	CRUMP, DAVID		
STREET ADDRESS	12030 ACT A1A #A2	STREET ADDRESS	12076 ALT. A1A #E-1		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP	P.O. GARDENS, FL 33410		
TITLE	VPD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	OGDEN, VIOLETA	NAME	DUCA, SYLVIA		
STREET ADDRESS	12030 ALT. A1A #A-8	STREET ADDRESS	12030 ALT. A1A #A-5		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP	P.O. GARDENS, FL 33410		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		JOSE MEIR		Date _____ Daytime Phone # _____	