

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90144 007 \*\*\*\*61.25

**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**

**40082720**



2. Principal Place of Business - No P.O. Box #

**C/O ROYAL CROWN MANAGEMENT**

Suite, Apt. #, etc.  
**208**

City & State  
**W. P. B., FL**

Zip  
**33401**

Country  
**US**

3. Mailing Address

**1655 PALM BEACH LAKES BLVD**

Suite, Apt. #, etc.  
**208**

City & State

Zip

Country

04162008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1555511**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ASSOCIATED PROPERTY MGME OF PALM BEACHES I**  
**1928 LAKE WORTH RD**  
**LAKE WORTH, FL 33461**

7. Name and Address of New Registered Agent

Name **ROYAL CROWN MANAGEMENT, LLC**

Street Address (P.O. Box Number is Not Acceptable)  
**1655 PALM BEACH LAKES BLVD.**

**SUITE 208**

City **WEST PALM BEACH** **FL** Zip Code **33401**

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

Signature, typed or printed name of registered agent and title if applicable

**ROYAL CROWN MANAGEMENT/**

**4/21/08**

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TS** ☒ Delete  
NAME **STEWART, IONE**  
STREET ADDRESS **12076 ALT. A1A #E-7**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **SD** ☐ Delete  
NAME **CARPENTER, THERESA**  
STREET ADDRESS **12070 ALT A1A #D1**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **PD** ☐ Delete  
NAME **MEIR, JOSE**  
STREET ADDRESS **12076 ALT. A1A #E8**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **VPD** ☐ Delete  
NAME **OGDEN, VIOLETA**  
STREET ADDRESS **12030 ALT. A1A #A-8**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **D** ☒ Delete  
NAME **HERMES, WILLIAM**  
STREET ADDRESS **12070 ALT. A1A #D8**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **D** ☒ Delete  
NAME **CRUMP, DAVID**  
STREET ADDRESS **12076 ALT A1A #E1**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **A/R accepted w/o designation of R/A.**  
STREET ADDRESS **Updated 08/04/08, mem.**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**VIOLETA OGDEN**

**4/16/08**

Date

Daytime Phone #