


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
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40082720



2. Principal Place of Business - No P.O. Box # C/O ROYAL CROWN MANAGEMENT Suite, Apt. #, etc. 208	3. Mailing Address 1655 PALM BEACH LAKES BLVD Suite, Apt. #, etc. 208
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04162008 Chg-NP CR2E037 (12/06)

City & State W. P. B., FL	City & State	4. FEI Number 59-1555511	Applied For Not Applicable
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Zip 33401	Country US	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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	
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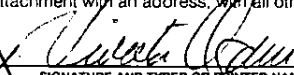
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  ROYAL CROWN MANAGEMENT/ 4/21/08
Signature, typed or printed name of registered agent and title if applicable. (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS STEWART, IONE <input checked="" type="checkbox"/> Delete 12076 ALT. A1A #E-7 PALM BEACH GARDENS, FL 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARPENTER, THERESA <input type="checkbox"/> Delete 12070 ALT A1A #D1 PALM BEACH GARDENS, FL 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition A/R accepted w/o designation of R/A. Updated 08/04/08, mem.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEIR, JOSE <input type="checkbox"/> Delete 12076 ALT. A1A #E8 PALM BEACH GARDENS, FL 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OGDEN, VIOLETA <input type="checkbox"/> Delete 12030 ALT. A1A #A-8 PALM BEACH GARDENS, FL 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMES, WILLIAM <input checked="" type="checkbox"/> Delete 12070 ALT. A1A #D8 PALM BEACH GARDENS, FL 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUMP, DAVID <input checked="" type="checkbox"/> Delete 12076 ALT A1A #E1 PALM BEACH GARDENS, FL 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  VIOLETA OGDEN 4/16/08
Signature and typed or printed name of signing officer or director Date Daytime Phone #