

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769538

FILED
Apr 08, 2009
Secretary of State

Entity Name: GARDEN LAKES VILLAS 1 ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-2384089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BEHLING, JERRY
Address: 5615 GARDEN LAKES DR
City-St-Zip: BRADENTON, FL 34203

Title: TD () Delete
Name: BERGLUND, JEANETTE
Address: 5612 GARDEN LAKES DR
City-St-Zip: BRADENTON, FL 34203

Title: VPD () Delete
Name: WRIGHT, DOROTHY
Address: 5625 GARDEN LAKES DR
City-St-Zip: BRADENTON, FL 34203

Title: PD () Delete
Name: CARTER, ALLAN
Address: 5514 GARDEN LAKES MAJESTIC
City-St-Zip: BRADENTON, FL 34203

Title: SD () Delete
Name: LUSCAVAGE, ROSALEEN
Address: 5512 GARDEN LAKES MAJESTIC
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CLARK, TOM
Address: 5525 GARDEN LAKES DR
City-St-Zip: BRADENTON, FL 34203

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: LUSCAVAGE, JOHN
Address: 5512 GARDEN LAKES MAJESTIC
City-St-Zip: BRADENTON, FL 34203

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: ALLAN CARTER

PD

04/08/2009

Electronic Signature of Signing Officer or Director

Date