


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90147 042 \*\*\*\*61.25

<b>DOCUMENT # 769539</b>	
1. Entity Name <b>GARDEN LAKES VILLAGE I ASSOCIATION, INC.</b>	

Principal Place of Business <b>% MA-CON INC. 2198 PRINCETON ST., STE 20 SARASOTA FL 34237</b>	Mailing Address <b>% MA-CON INC. 2198 PRINCETON ST., STE 20 SARASOTA FL 34237</b>
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2. Principal Place of Business <b>4920 Fruitville Road</b>	3. Mailing Address <b>4920 Fruitville Road</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State <b>Sarasota, Fl</b>	City & State <b>Sarasota, Fl</b>
Zip <b>34232</b>	Country <b>Sarasota</b>
Zip <b>34232</b>	Country <b>Sarasota</b>

4. FEI Number <b>59-2383844</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>WEIL, WARREN MA-CON INC. 2198 PRINCETON STREET, STE 20 SARASOTA FL 34237</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>4920 Fruitville Road</b>	
City <b>Sarasota</b>	Zip Code <b>FL 34232</b>

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 <u><i>Warren Weil</i></u> Signature, typed or printed name of registered agent and title if applicable	DATE <u>4/6/06</u> (NOTE: Registered Agent signature required when reissuing)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOLDWEDEL, WARREN 5505 GARDEN LKS OAK BRADENTON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Moore, Mary Lou 5502 Garden Lakes Oak Bradenton, Fl 34203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HELLHAKE, ELIZABETH 5607 GARDEN LAKE MAJESTIC BRADENTON FL 34225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLISON, FRANCES B 5605 GARDEN LAKES MAJESTIC BRADENTON FL 34203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TOURKANTONIS, ARTHUR 5602 GARDEN LAKES MAJESTIC BRADENTON FL 34203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 Section 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.	
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SIGNATURE: *Mary Lou Moore* MARY LOU MOORE PD 4/18/06 941-343-1002