


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90113 007 ***158.75

DOCUMENT # J44302 1. Entity Name GARDEN WALK, INC.					
Principal Place of Business C/O GLEASON MOORE 8200 MILITARY TRL. PALM BCH.GARDENS, FL 33410 US			Mailing Address 8200 MILITARY TRAIL C/O HOME OWNERS PALM BCH.GARDENS, FL 33410 US		
2. Principal Place of Business C/O Kathleen Burford		3. Mailing Address Suite, Apt. #, etc. 8200 Military Trail City & State Palm Bch.Gardens, FL			
Suite, Apt. #, etc. 8200 Military Trail City & State Palm Bch.Gardens, FL		Suite, Apt. #, etc. City & State 		05042004 Chg-P CR2E034 (10/03)	
Zip 33410		Country US		4. FEI Number 59-2778986	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORDORE, IRENE 484 AUTUMN TR. PALM BCH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name Jerry Samson Street Address (P.O. Box Number is Not Acceptable) 274 Spring Circle City Palm Bch. Gardens, FL Zip Code 33410		
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>Jerry Samson</i></u> Jerry Samson, President/Director 5/4/04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME MOORE, GLEASON STREET ADDRESS 364 NO. 4 SEASONS RD. CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete		TITLE P/D NAME Jerry Samson STREET ADDRESS 274 Spring Circle CITY-ST-ZIP Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME DELURY, MARIAN STREET ADDRESS 434 W FOUR SEASONS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete		TITLE V/D NAME Kenneth Stanger STREET ADDRESS 415 Winter Lane CITY-ST-ZIP Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME GEMBICKI, PAT STREET ADDRESS 217 N. FOUR SEASONS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete		TITLE S/D, T/D NAME Kathleen Burford STREET ADDRESS 363 North Four Seasons CITY-ST-ZIP Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME KLEMENTOWSKI, PETER STREET ADDRESS 282 SPRING CIRCLE CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete		TITLE D NAME Herman Adelman STREET ADDRESS 472 Autumn Trail CITY-ST-ZIP Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME SPIEGEL, DONNA STREET ADDRESS 178 SUMMER WIND TRAIL CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete		TITLE D NAME Carl Lezcano STREET ADDRESS 424 West Four Seasons CITY-ST-ZIP Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME PIERSON, BOB STREET ADDRESS 40 SOUTH FOUR SEASONS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete		TITLE D NAME Edward Allen STREET ADDRESS 369 North Four Seasons CITY-ST-ZIP Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: <u><i>Kathleen M. Burford</i></u> Kathleen M. Burford 5/4/04 (561) 848-2211 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					