## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 25, 2005 8:00 am Secretary of State DOCUMENT # J44302 04-25-2005 90284 045 \*\*\*158.75 GARDEN WALK, INC. Principal Place of Business Mailing Address C/O KATHLEEN BURFORD 8200 MILITARY TRAIL 8200 MILITARY TRL. C/O HOME OWNERS PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 04172005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2778986 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAMSON, JERRY 274 SPRING CIRCLE Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS, FL 33410 City Zip Code 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. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE Change ☐ Addition SAMSON, JERRY NAME NAME morenne STREET ADDRESS 274 SPRING CIRCLE STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP VD TITLE **⊠** Delete T171 £ VO ☐ Change **Addition** NAME STANGER, KENNETH ADTIENTE MIELE 263 Spring Circle Dann Beach GHRDENS, 72 33410 NAME STREET ADDRESS 415 WINTER LANE STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP SDTD TITLE ☐ Detete TITLE Change Addition KATHLEEN BURFORD 363 NORTH FOUR SEASONS NAME BURFORD, KATHLEEN NAME STREET ADDRESS 363 NORTH FOUR SEASONS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 PALM BEACHGARDENS, 7233410 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ADELMAN, HERMAN NAME NAME STREET AODRESS **472 AUTUMN TRAIL** STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP TITLE ■ Defete TITL F ☐ Change 📈 Addition JOHN AHLMAN 213 NORTH GOUR SCHSONS LEZCANO, CARL NAME NAME STREET ADDRESS **424 WEST FOUR SEASONS** STREET ADDRESS CITY - ST - 71P PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP PALM BEACH GARdens, IL 33410 TITLE ☐ Delete TITLE ☐ Change ☐ Addition ALLEN, EDWARD NAME NAME STREET ADDRESS 369 NORTH FOUR SEASONS STREET ADDRESS CITY - ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP 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:<

RoseMARIE Keeley-Perrin

**FILED**