2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J44302

Entity Name: GARDEN WALK, INC.

FILED Mar 03, 2008 Secretary of State

Current Principal Place of Business:				New Princ	New Principal Place of Business:			
C/O HOME	FARY TRAIL OWNERS ASS CH GARDENS		US					
Current Mailing Address:				New Mailir	New Mailing Address:			
8200 MILITA C/O JEFFR PALM BEAG		6, FL 33410	US					
FEI Number:	59-2778986	FEI Number Ap	oplied For()	FEI Number Not Appli	icable ()	Certificate of Status Desired ()	1	
Name and Address of Current Registered Agent: Na					Name and Address of New Registered Agent:			
FISHER, JE 405 WINTE PALM BEAG		s, FL 33410	US					
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.								
SIGNATUR	E:							
	Electroni	c Signature of	Registered Agent			Date		
Election Cam	paign Financing	Trust Fund Con	tribution ().					
OFFICERS	AND DIRECT	ORS:		ADDITION	S/CHANGE	ES TO OFFICERS AND DIREC	TORS:	
Title: Name: Address: City-St-Zip:	FISHER, JEFFR 405 WINTER LA		1 10	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	TARTARILLA, PE 114 WINTER PA		110	Title: Name: Address: City-St-Zip:		(X) Change () Addition OUR SEASONS H GARDENS, FL 33410		
Title: Name: Address: City-St-Zip:	FOULK, JEFFRE 50 SOUTH FOU		110	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	AHLMAN, JOHN 213 NORTH FOL	Delete JR SEASONS ARDENS, FL 334	110	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	KASTNER, BARE 419 WINTER LA		1 10	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D WATSON, D 283 SPRING PALM BEAC			

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN AHLMAN T 03/03/2008