FILED
May 22, 2003 8:00 am
Secretary of State
05-22-2003 90142 046 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J44302

1. Entity Name
GARDEN WALK, INC.

Principal Place of Business	Mailing Address
C/O GLEASON MOORE 8200 MILITARY TRL. PALM BCH.GARDENS, FL 33410 US	8200 MILITARY TRAIL C/O HOME OWNERS PALM BCH.GARDENS, FL 33410 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2778986 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOORE, GLEASON 364 N FOUR SEASONS RD PALM BCH GARDENS, FL 33410	Name: IRENE CORDORE Street Address (P.O. Box Number is Not Acceptable): 484 AUTUMN TR. PALM BCH GDNS City: FLA 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: Irene Cordore 5-17-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing) DATE

FILE NOW! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	P	☐ Change ☒ Addition
NAME	MOORE, GLEASON		NAME	WORONICK, LEO	
STREET ADDRESS	364 NO. 4 SEASONS RD.		STREET ADDRESS	483 AUTUMN TR.	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	PALM BCH GDNS, FLA 33410	
TITLE	VP	☐ Delete	TITLE	VP	☐ Change ☒ Addition
NAME	DELURY, MARIAN		NAME	MIELKE, ADRIENNE	
STREET ADDRESS	434 W FOUR SEASONS		STREET ADDRESS	440 AUTUMN TR.	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	PALM BCH GDNS, FLA 33410	
TITLE	S	☐ Delete	TITLE	S	☐ Change ☒ Addition
NAME	GEMBICKI, PAT		NAME	GEMBICKI, PAT	
STREET ADDRESS	217 N. FOUR SEASONS		STREET ADDRESS	217 N. FOUR SEASONS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	PALM BCH GDNS, FLA 33410	
TITLE	SD	☐ Delete	TITLE	SD	☐ Change ☒ Addition
NAME	KLEMENTOWSKI, PETER		NAME	KASTNER, BARBARA	
STREET ADDRESS	282 SPRING CIRCLE		STREET ADDRESS	419 WINTER LN.	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	PALM BCH GDNS, FLA. 33410	
TITLE	T	☐ Delete	TITLE	T	☐ Change ☒ Addition
NAME	SPIEGEL, DONNA		NAME	CORDORE, IRENE	
STREET ADDRESS	178 SUMMER WIND TRAIL		STREET ADDRESS	484 AUTUMN TR	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	PALM BCH GDNS, FLA 33410	
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PIERSON, BOB		NAME		
STREET ADDRESS	40 SOUTH FOUR SEASONS		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		

CR2E034 (10/02)

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: Irene Cordore 5-17-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #