2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N00000001424

Entity Name: THE GARRISON ASSOCIATION, INC.

Current Principal Place of Business:

600 GARRISON COVE LANE
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

777 S. HARBOUR ISLAND BLVD., STE 270
TAMPA, FL 33602

New Mailing Address:

200 NORTH PINE AVENUE
SUITE A
OLDSMAR, FL 34677

FEI Number: 02-0597888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONDOMINIUM ASSOCIATES
777 S. HARBOUR ISLAND BLVD., STE 270
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

BRUDNY & RABIN, PA
200 NORTH PINE AVENUE
SUITE A
OLDSMAR, FL 34677 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.

SIGNATURE: MICHAEL BRUDNY 03/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CALAFELL, ROBERT
Address: 610 GARRISON COVE LANE, PH
City-St-Zip: TAMPA, FL 33602

Title: DST ( ) Delete
Name: BYRNES, CAROL
Address: 610 GARRISON COVE LANE 5
City-St-Zip: TAMPA, FL 33602

Title: DVP ( ) Delete
Name: SHEAR, LEE
Address: 610 GARRISON COVELANE, #3B
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: ROBERT CALAFELL P 03/27/2009
Electronic Signature of Signing Officer or Director Date