# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/2

**FILED**
**May 15, 2006 8:00 am**
**Secretary of State**
04-24-2006 90434 007 ****61.25

**DOCUMENT # N00000006940**

1. Entity Name
GARDENS VI AT WATERSIDE VILLAGE ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3380 RUSTIC RD<br>NOKOMIS, FL 34274 | P.O. BOX 595<br>VENICE, FL 34284 |

03222006 Chg-NP CR2E037 (11/05)

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

4. FEI Number 65-0876767 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

O GRADY, CYNTHIA
3380 RUSTIC RD
NOKOMIS, FL 34275

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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.

SIGNATURE Cynthia O'Grady 4/19/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2006**

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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DEN UYL, DONALD<br>416 LAUREL LAKE DR, #106<br>VENICE, FL 34292 | ☒ Delete | PD<br>PARENT, JOSEPH<br>416 LAUREL LAKE DR. #103<br>VENICE, FL 34292 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>CORNING, SUZANNE<br>416 LAUREL LAKE DR, #105<br>VENICE, FL 34292 | ☐ Delete | VD<br>BERNARD, ROBERT<br>416 LAUREL LAKE DR, #201<br>VENICE, FL 34292 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>BRYAN, JOAN<br>416 LAUREL LAKE DR #202<br>VENICE, FL 34292 | ☒ Delete | ~~STD~~<br>~~[illegible]~~ | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Joseph A. Parent 4/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #