

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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FILED
May 14, 2007 8:00 am
Secretary of State

04-23-2007 90048 034 ****61.25

DOCUMENT # N00000006940					
1. Entity Name GARDENS VI AT WATERSIDE VILLAGE ASSOCIATION, INC.					
Principal Place of Business 3380 RUSTIC RD NOKOMIS, FL 34274			Mailing Address P.O. BOX 595 VENICE, FL 34284		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01082007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0876767	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
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 _____ (NOTE: Registered Agent signature required when re-nominating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		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-STATE-ZIP	STD CORNING, SUZANNE 416 LAUREL LAKE DR. #105 VENICE, FL 34292 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD DUNLAP, GERRY ☐ Change ☒ Addition 414 LAUREL LAKE DR #104 VENICE, FL 34292		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD BERNARD, ROBERT ☒ Delete 416 LAUREL LAKE DR. #201 VENICE, FL 34292	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD NASH, BETTY ☐ Change ☒ Addition 416 LAUREL LAKE DR #102 VENICE, FL 34292		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD PARENT, JOSEPH ☐ Delete 416 LAUREL LAKE DR. #103 VENICE, FL 34292	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ 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: <i>Betty Nash</i>		5/9/07 941-412-1666			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					