

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90029 010 ****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 # Suite, Apt. #, etc. 810 B Pinebrook Rd		3. Mailing Address Suite, Apt. #, etc. 810 B Pinebrook Rd			
City & State Venice, FL		City & State Venice, FL		4. FEI Number 65-0876767	
Zip 34285		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 <u>Capri Property Management, Inc.</u> Street Address (P.O. Box Number is Not Acceptable) <u>810 B Pinebrook Rd</u> City <u>Venice</u> FL Zip Code <u>34285</u>		
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 <u>Debbie Gre</u> 4-11-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-ST-ZIP	VD DUNLAP, GERRY <input type="checkbox"/> Delete 414 LAUREL LAKE DR #104 VENICE, FL 34292			TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Nasby, Betty <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 416 Laurel Lake Dr. 10a Venice, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BERNARD, ROBERT <input checked="" type="checkbox"/> Delete 416 LAUREL LAKE DR #102 VENICE, FL 34292			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARENT, JOSEPH <input type="checkbox"/> Delete 416 LAUREL LAKE DR. #103 VENICE, FL 34292			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Green, Debbie <input type="checkbox"/> Delete 810 B Pinebrook Rd Venice, FL 34285			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Joseph Parent</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4-15-08</u> <small>Daytime Phone #</small>	