

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90067 019 \*\*\*\*61.25

<b>DOCUMENT # N00716</b>					
<b>1. Entity Name</b> THE GARDENS AT DAVIE HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 6140 S. W. 42ND COURT DAVIE, FL 33314			<b>Mailing Address</b> 6140 S. W. 42ND COURT DAVIE, FL 33314		
<b>2. Principal Place of Business</b> 6121 SW 42 COURT		<b>3. Mailing Address</b> 6121 SW 42 CT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> DAVIE FL		<b>City &amp; State</b> DAVIE FL		<b>4. FEI Number</b> 59-2529471	
<b>Zip</b> 33314		<b>Country</b> BROWARD		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01132005 Chg-NP CR2E037 (10/03)	
<b>6. Name and Address of Current Registered Agent</b> PHILIPS, BRUCE J 6140 S. W. 42ND COURT DAVIE, FL 33314			<b>7. Name and Address of New Registered Agent</b> Name: PAUL DOMBROSKI Street Address (P.O. Box Number is Not Acceptable): 6121 SW 42 COURT City: DAVIE FL Zip Code: 33314		
<b>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.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE</b>  </div> <div style="width: 40%; text-align: right;">                 1-18-05             </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DANIELLE 6100 S. W. 42ND COURT DAVIE, FL 33314		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	STD THOMPSON, LISA 6130 S. W. 42ND COURT DAVIE, FL 33314		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD PHILIPS, BRUCE J 6140 S. W. 42ND COURT DAVIE, FL 33314		<input checked="" type="checkbox"/> Delete	PRESIDENT PAUL DOMBROSKI, 6121 SW 42 CT, DAVIE FL 33314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 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.</b>					
<b>SIGNATURE</b> 			1-18-05 954-585-4698		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		