

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90045 006 \*\*\*\*61.25

DOCUMENT # NO1000001224

1. Entity Name  
GARDENS AT E STREET CONDOMINIUM  
OWNERS' ASSOC.



**DO NOT WRITE IN THIS SPACE**

20021445

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 771 AIA BEACH BLVD # D		3. Mailing Address P.O. BOX 840024	
Suite, Apt. #, etc. ST. AUGUSTINE		Suite, Apt. #, etc. ST. AUGUSTINE	
City & State FLORIDA		City & State FLORIDA	
Zip 32080	Country	Zip 32080	Country

4. FEI Number	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name MARILYN SMITHA
Street Address (P.O. Box Number is Not Acceptable) 5456 BRIGHTWATER LANE
City, State, Zip JX, FLA. FL 32277

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 Marilyn L. Smitha DATE 1/23/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25**  
**Initial or Amended UBR**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/TREASURER MARILYN SMITHA 5456 BRIGHTWATER LANE JACKSONVILLE, FL 32277	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE/PRESIDENT 771 AIA BEACH BLVD # A ST. AUGUSTINE, FLA.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Marilyn L. Smitha MARILYN L. SMITHA 1/23/05 (904) 725-8282

CR2E037B (12/02)