2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000001224

1. Entity Name
THE GARDENS @ E STREET CONDOMINIUM OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
771 A1A BEACH BLVD., UNIT D ST. AUGUSTINE BEACH, FL 32080	P.O BOX 840024 ST AUGUSTINE, FL 32080

DO NOT WRITE IN THIS SPACE

04042006 No Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

5. Name and Address of Current Registered Agent

SMITHA, MARILYN
5456 BRIGHTWATER LANE
JACKSONVILLE, FL 32277

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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 Marilyn L. Smitha 4-4-06
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 Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	SMITHA, MARILYN
STREET ADDRESS	5456 BRIGHTWATER LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	VP
NAME	HERLIHY, SCOTT
STREET ADDRESS	771 A1A BEACH BLVD, # A
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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04/26/06-80112-009 61.25

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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: Marilyn L. Smitha Marilyn L. Smitha 4-4-06 (904) 725-8282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #