

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007759

FILED
Apr 06, 2009
Secretary of State

Entity Name: GARDENS OF JULINGTON ASSOCIATION, INC.

Current Principal Place of Business:

11512 LAKE MEAD AVE
STE 405
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

7643 GATE PARKWAY
STE 104 PMB 188
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 03-0379679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADISON PROPERTY MANAGEMENT SOLUTIONS
11512 LAKE MEAD AVE.
STE 405
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

BALASKIEWICZ, KIM
11512 LAKE MEAD AVE.
STE 405
JACKSONVILLE, FL 32256 US

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.

SIGNATURE: KIM BALASKIEWICZ

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ERHORN, LYNN
Address: 5466 HIDDEN GARDENS DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

Title: VPSD () Delete
Name: BAKER, BERTIS L
Address: 12592 HIDDEN GARDENS DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

Title: TD () Delete
Name: BERGERON, JOHN D
Address: 5318 HIDDEN GARDENS DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ERHORN, LYNN
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPD (X) Change () Addition
Name: BAKER, BERTIS L
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

Title: TSD (X) Change () Addition
Name: BERGERON, JOHN D
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM BALASKIEWICZ

MGR

04/06/2009

Electronic Signature of Signing Officer or Director

Date