2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N01000008163

1. Entity Name



FILED Apr 13, 2006 8:00 am Secretary of State 04-13-2006 90281 014 ****61.25

SHALIIVIA	R GARDENS OWNERS A	NOOCIA	11011, 1110.							
Principal Place of Business 2800 SAM SNEAD CT SHALIMAR, FL 32579		Mailing Address PO BOX 151 SHALIMAR, FL 32579				60027663				
2. Principal Pl	lace of Business	3. Mailir	ng Address							
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			04102006 Chg-NP CR2E037 (11/05)				
City & State		City & State				4. FEI Number 59-3756	907			plied For Applicable
Zip	Country	Zip		Country		5. Certificate of			\$8.75 Addi Fee Required	
	6. Name and Address of Curre	nt Registered	d Agent			7. Name and A	ddress of New R	egistered A	gent	
TOUMA, ROGER			Name			·				
2800 SAM	SNEAD CT		Street Addre			is (P.O. Box Number is Not Acceptable)				
SHALIMAF	R, FL 32579						· · · · · · · · · · · · · · · · · · ·			
				Čity				FL	Zip Code)
	named entity submits this statementions of registered agent.	it for the purpo	ose of changing its re	egistered office or	register	ed agent, or both	, in the State of Flo	rida. I am I	amiliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered as	gent and title if appl	icable INQTE F	Registered Agent signati	we requirer	i when reinstating)		DAIF		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.							
						\$5.00 May Be Added to Fees	Flor	ida Depar	payable to	ate
10.		DIRECTORS				Added to Fees ADDITIONS/CHA	· I	ida Depar	tment of St	ate 10
TITLE	OFFICERS AND	DIRECTORS		ntribution.	P	Added to Fees ADDITIONS/CHA	Flor	ida Depar	tment of St	ate
TITLE NAME	OFFICERS AND PD GAILLARD, DAWN	DIRECTORS	Trust Fund Co	ntribution.	P! Tol	Added to Fees ADDITIONS/CHA D MA, RO	Flor NGES TO OFFICE	ida Depar	tment of St	ate 10
TITLE	OFFICERS AND	DIRECTORS	Trust Fund Co	11. HILL NAME	P: To:	Added to Fees ADDITIONS/CHA	Flor NGES TO OFFICE LER DEAD CT	ida Depar	tment of St	ate 10
TITLE NAME STREET ADDRESS	OFFICERS AND PD GAILLARD, DAWN 84 10TH AVE	DIRECTORS	Trust Fund Co	11. TILLE NAME STREEL AUDRESS	P: To:	Added to Fees ADDITIONS/CHA D MA, RO 20 SAM SA	Flor NGES TO OFFICE LER DEAD CT	ida Depar	tment of St	ate 10
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD GAILLARD, DAWN 84 10TH AVE SHALIMAR, FL 32579 STD TOUMA, ROGER	DIRECTORS	Trust Fund Co	11. IIILL NAME STREEL ADDRESS CITY ST ZIP TIBLE NAME	P: To:	Added to Fees ADDITIONS/CHA D MA, RO 20 SAM SA	Flor NGES TO OFFICE LER DEAD CT	ida Depar	TECTORS IN	10 Addilion
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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. 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850, 609, 3374