2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008281

Apr 11, 2009 Secretary of State

Entity Name: GARDENIA OCEANFRONT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2195 HWY A1A

City-St-Zip:

INDIAN HARBOR BEACH, FL 32937

Current Mailing Address: New Mailing Address:

C/O FAIRLWAY C/O FAIRWAY MANAGEMENT, INC 1331 BEDFORD DRIVE SUITE 103 1331 BEDFORD DRIVE MELBOURNE, FL 32940 MELBOURNE, FL 32940

FEI Number: 59-3758316 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LABBATE, LETISHA FAIRWAY MANAGEMENT 1331 BEDFORD DRIVE #103 1331 BEDFORD DRIVE SUITE 103 MELBOURNE, FL 32940 MELBOURNE, FL 32940

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: THOMAS DILLON 04/11/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

SATELLITE BEACH, FL 32937

() Delete (X) Change () Addition

PANTANO, SAM PANTANO, SAM Name: Name: 2195 HWY AIA #302 Address: 2195 HWY AIA #302 Address:

City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: SD () Delete Title: (X) Change () Addition KNOLWES, CHARLOTTE Name: KNOLWES, CHARLOTTE Name:

Address: 244 SEAVIEW ST Address: 2302 WOODFIELD CIRCLE City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: MELBOURNE BEACH, FL 32904

Title: PD() Delete Title: **VPD** (X) Change () Addition COMPTON, TINA GONTKOF, JOHN Name: Name:

2195 HWY A1A #401 2195 HWY A1A #902 Address: Address: City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: SATELLITE BEACH, FL 32937

() Delete Title: VPT Title: TD (X) Change () Addition

ADAMS, STAN Name: ADAMS, STAN Name: Address: 2195 HWY A1A # 803 Address: 2195 HWY A1A # 803 SATELLITE BEACH, FL 32937

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.

City-St-Zip:

SIGNATURE: CHARLOTTE KNOWLES PD 04/11/2009