2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000009014

Entity Name: CARES GARDEN APARTMENTS, INC.

FILED Apr 28, 2004 Secretary of State

Current Principal Place of Business:		New Princi	New Principal Place of Business:		
	TINGHAM ROA HEY, FL 34668				
Current Mailing Address:			New Mailir	New Mailing Address:	
	'INGHAM ROA HEY, FL 34668				
FEI Number:	80-0038796	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
AYCRIGG, WILLIAM 7505 ROTTINGHAM ROAD PORT RICHEY, FL 34668					
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:					
	Electronic	c Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS: ADI			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () I YOUNG, EARL H 5435 GALL BLVI ZEPHYRHILLS, I	ס	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	C () I PRIOR, BOB 3106 WAVERLY TAMPA, FL 3362		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () I YACHT, MARC J 10841 LITTLE RI NEW PORT RICH	D	Title: Name: Address: City-St-Zip:	VC (X) Change () Addition YACHT, MARC J 10841 LITTLE RD NEW PORT RICHEY, FL 34654	
Title: Name: Address: City-St-Zip:	VC () [KEYES, CAROL 90 HIGHLAND AV TARPON SPRING	/ENUE S6	Title: Name: Address: City-St-Zip:	D (X) Change () Addition KEYES, CAROL M 90 HIGHLAND AVENUE S6 TARPON SPRINGS, FL 34689	
Title: Name: Address: City-St-Zip:	T () I MICKENS, JOAN 8417 OLD CR. 5 NEW PORT RICH	4	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	S () Change (X) Addition CAMPBELL, MARTHA S 16317 EAST COURSE DR TAMPA, FL 33624	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BOB PRIOR C 04/28/2004

MARY GIELLA P.O. BOX 535 SAN ANTONIO, FL 33576

DONNA FRAZIER/DIRECTOR 10220 US HWY 19 N PORT RICHEY, FL 34668

S.K. RAO MUSUNURU/DIRECTOR 14100 FIVAY RD.#160 HUDSON,FL 34667

ROSE FERNANDEZ/DIRECTOR 13438 FORT KING RD DADE CITY, FL 33523

MARY E. CRIST/DIRECTOR 36702 SR 52 DADE CITY, FL 33525

CAROL M. KEYES/DIRECTOR 90 HIGHLAND AVE, S-6 TARPON SPRINGS, FL 34689-5369

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