2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000009014

Entity Name: CARES GARDEN APARTMENTS, INC.

FILED Apr 15, 2005 Secretary of State

7505 ROTTINGHAM ROAD PORT RICHEY, FL 34668

Current Mailing Address: New Mailing Address:

7505 ROTTINGHAM ROAD PORT RICHEY, FL 34668

FEI Number: 80-0038796 FEI Number Applied For () FEI Number Not Applicable () 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 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:

Flacture in Circumstance of Description of Assert

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 C
 (X) Change () Addition

 Name:
 YOUNG, EARL H
 Name:
 MUSUNURU, RAO

 Address:
 5435 GALL BLVD
 Address:
 14100 FIVAY ROAD #160

 City-St-Zip:
 ZEPHYRHILLS, FL 33541
 City-St-Zip:
 HUDSON, FL 34667

Title: C () Delete Title: D (X) Change () Addition

Name: PRIOR, BOB Name: PRIOR, BOB

 Address:
 3106 WAVERLY AVENUE
 Address:
 3106 WAVERLY AVENUE

 City-St-Zip:
 TAMPA, FL 33629
 City-St-Zip:
 TAMPA, FL 33629

Title: VC () Delete Title: VC (X) Change () Addition

 Name:
 YACHT, MARC J
 Name:
 GIELLA, MARY

 Address:
 10841 LITTLE RD
 Address:
 P.O. BOX 535

City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: SAN ANTONIO, FL 33576

Title: D () Delete Title: S (X) Change () Addition

 Name:
 KEYES, CAROL M
 Name:
 KEYES, CAROL M

 Address:
 90 HIGHLAND AVENUE S6
 90 HIGHLAND AVENUE S6

 City-St-Zip:
 TARPON SPRINGS, FL 34689
 City-St-Zip:
 TARPON SPRINGS, FL 34689

Title: T () Delete Title: D (X) Change () Addition

 Name:
 MICKENS, JOAN
 Name:
 MICKENS, JOAN

 Address:
 8417 OLD CR. 54
 Address:
 8417 OLD CR. 54

City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: NEW PORT RICHEY, FL 34653

Title: S () Delete Title: T (X) Change () Addition

 Name:
 CAMPBELL, MARTHA S
 Name:
 CAMPBELL, MARTHA S

 Address:
 16317 EAST COURSE DR
 Address:
 16317 EAST COURSE DR

 City-St-Zip:
 TAMPA, FL 33624
 City-St-Zip:
 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: WILLIAM AYCRIGG CEO 04/15/2005