


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N02000000395 |  |
| 1. Entity Name ADASHAN GARDYNS HOA, INC. | |

| | |
|---|---|
| Principal Place of Business P.O. BOX 1496 FORT WALTON BEACH, FL 32549 | Mailing Address P.O. BOX 1496 FORT WALTON BEACH, FL 32549 |
|---|---|

DO NOT WRITE IN THIS SPACE



03072006 No Chg-NP CR2E037 (11/05)

| | |
|---|--|
| 4. FEI Number 80-0029436 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| KRUEGER, KEVIN 6 COUNTRY CLUB CT. SHALIMAR, FL 32579 | |

DO NOT WRITE
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

| | | |
|-----------------|--|------------|
| SIGNATURE _____ | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------|--|------------|

| | |
|---|--|
| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD KRUEGER, KEVIN 6 COUNTRY CLUB CT SHALIMAR, FL 32579 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD HART, JERRY 523 TAYLOR CIRCLE FT WALTON BEACH, FL 32547 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TDV DAY, JENNIFER 529 TAYLOR CIR FORT WALTON BEACH, FL 32547 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |

U00000549878
05/13/06-80037-020 61.25

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

| | | |
|---|---------------------|-------------------------------------|
| SIGNATURE:  | Date <u>4/27/06</u> | Daytime Phone # <u>950-244-2100</u> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |