2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008026

FILED Apr 27, 2006 Secretary of State

Entity Name: GARDEN ISLE VILLAS CONDOMINIUM ASSOCIATION, INC.

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

316 SE 10 AVE 308 S.E. 10 AVENUE

POMANO BEACH, FL 33060 CONDO POMPANO BEACH, FL 33060

Current Mailing Address: New Mailing Address:

316 SE 10 AVE 308 S.E. 10 AVENUE

POMANO BEACH, FL 33060 CONDO

POMANO BEACH, FL 33060

FEI Number: 59-2140256 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:

RICE, DEBRA

320 SE 50 AVE

708 E. ATLANTIC BLVD

ROMBAND REACHED

APT A POMPANO BEACH, FL 33060 US

POMPANO BEACH, FL 33060 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: EDWARD J. CHANDLER ESQ. 04/27/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 PHILHOWER, TODD
 Name:
 PHILHOWER, MARIA

 Address:
 308 SE 30 AVE #A
 Address:
 308 SE 10 AVE #A

City-St-Zip: POMANO BEACH, FL 33060 City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete Title: D (X) Change () Addition Name: RICE, DEBRA Name: PHILHOWER, TODD

Address: 320 SE 10 AVE #A

City-St-Zip: POMPANO BEACH, FL 33060

City-St-Zip: POMPANO BEACH, FL 33060

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

 Name:
 MARTIN, JAMES
 Name:
 LUBY, MICHAEL

 Address:
 320 SE 10 AVE #D
 Address:
 312 SE 10 AVE #A

City-St-Zip: POMANO BEACH, FL 33060 City-St-Zip: POMPANO BEACH, FL 33060

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

 Name:
 LUBY, MICHAEL
 Name:
 MCNEAL, NANCY

 Address:
 312 SE 10 AVE #A
 Address:
 309 SE 11TH AVE #A

City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: POMPANO BEACH, FL 33060

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

 Name:
 MCNEAL, NANCY
 Name:

 Address:
 309 SE 11 AVE #A
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33060
 City-St-Zip:

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

SIGNATURE: MARIA PHILHOWER P 04/27/2006