## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 04, 2007 8:00 am Secretary of State

DOCUMENT # N0200008415  1. Entity Name GARDEN LAKES AT COLONIAL SECTION I CONDOMINIUM ASSOCIATION, INC.					05-	04-2007 9	0069 046 ****61	
Principal Place of Business C/O INTEGRATED PROPERTY MGMT. C/O INTEGRATED PROPERTY 3435-10TH STREET N., # 201 NAPLES, FL 34103  Mailing Address C/O INTEGRATED PROPER 3435-10TH STREET N., # NAPLES, FL 34103				IT.				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03222007 Ch	g-NP	CR2E037 (12/06)	
City & State		City & State			4. FEI Number 56-235464	1	<b>—</b>	pplied For tot Applicable
Zip	Country	Zip	Country	у	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent	<del>'</del>		7. Name and Addr	ess of New F		
		<del></del>		Name				
SHIELDS, CHRISTOPHER 1833 HENDRY STREET P.O. DRAWER 1507			Street Addres		s (P.O. Box Number is Not Acceptable)			
	ERS, FL 33902							
	, <u>j</u>		City				FL Zip Co	
	named entity submits this statement failure of registered agent.	or the purpose of changing it	s registered o	office or regis	stered agent, or both, in t	the State of Fl	orida. I am familiar with	i, and accept
	<b>₩</b>							
SIGNATURE	Signature, typed or printed name of registered agen	n and title if applicable. (NC	TE: Registered Any	gent signature requ	siend when rejectations		DATE	
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10.	Filing Fee is \$61.25	9. Election Ca Trust Fund	ampaign Finar	uncing	\$5.00 May Be Added to Fees	Flor	fake check payable	State ·
10. TITLE	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND D	9. Election Ca Trust Fund	ampaign Final Contribution,	uncing	\$5.00 May Be Added to Fees	Flor	flake check payable rida Department of S	State ·
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12. I netery certify that the information supplied with this litting 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 receiveryor 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/07

Daytime Phone #