

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90038 030 \*\*\*\*61.25

<b>DOCUMENT # N02000008415</b> 1. Entity Name <b>GARDEN LAKES AT COLONIAL SECTION I CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O INTEGRATED PROPERTY MGMT. 3435-10TH STREET N., # 201 NAPLES, FL 34103</b>			Mailing Address <b>C/O INTEGRATED PROPERTY MGMT. 3435-10TH STREET N., # 201 NAPLES, FL 34103</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>SHIELDS, CHRISTOPHER 1833 HENDRY STREET P.O. DRAWER 1507 FORT MYERS, FL 33902</b>				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to - Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MOORE, DONALD</b> <input type="checkbox"/> Delete <b>10110 COLONIAL COUNTRY CLUB BLVD. # 108 FORT MYERS, FL 33913</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>DVP Horan, Gerald</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>10110 Colonial CC Blvd. #104 Fort Myers, FL 33913</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP LITTLE, JANE</b> <input checked="" type="checkbox"/> Delete <b>10109 COLONIAL C.C. BLVD STE 2404 FORT MYERS, FL 33913</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DST Young, Richard</b> <b>10109 Colonial CC Blvd. #2409 Fort Myers, FL 33913</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS YOUNG, RICHARD</b> <input type="checkbox"/> Delete <b>10109 COLONIAL C.C. BLVD #2409 FORT MYERS, FL 33913</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____ _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete _____ _____ _____ _____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____ _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete _____ _____ _____ _____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____ _____	
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.					
<b>SIGNATURE:</b> <u>Donald Moore</u> <b>4/20/08</b> <b>239 768 2345</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					