

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90253 016 ****61.25

DOCUMENT # N04000000306					
1. Entity Name GARDENS AT BEACHWALK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 21 OLD KINGS ROAD NORTH SUITE B101 PALM COAST, FL 32137			Mailing Address 15751 SAN CARLOS BLVD #8 FORT MYERS, FL 33908		
2. Principal Place of Business - No P.O. Box # 711 Tarpon Bay Rd		3. Mailing Address P.O. Box 100			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sanibel FL		City & State Sanibel FL		4. FEI Number 20-0659408	
Zip 33957		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DG SUITOR & ASSOC 15751 SAN CARLOS BLVD #8 FORT MYERS, FL 33908			7. Name and Address of New Registered Agent Name: <u>Steven Mackesy</u> Street Address (P.O. Box Number is Not Acceptable): <u>711 Tarpon Bay Rd</u> City: <u>Sanibel</u> FL <u>33957</u>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title, if applicable</small> </div> <div style="width: 30%; text-align: center;"> <u>3/28/07</u> <small>DATE</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE TS	NAME RUSSO, TOM		TITLE 	NAME 	
STREET ADDRESS 21 KATHERINE PLACE	CITY-ST-ZIP OAKADLE, NY 11769		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VP	NAME HORGAN, JOHN		TITLE P	NAME 	
STREET ADDRESS 15645 OCEANWALK LN #2316	CITY-ST-ZIP FORT MYERS, FL 33908		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME ARNDT, MARY		TITLE 	NAME Eileen Loro	
STREET ADDRESS 394 FAIRMONT AV	CITY-ST-ZIP N TONAWANTA, NY 14120		STREET ADDRESS 	CITY-ST-ZIP 11400 Ocean Walk Lane #207 Ft Myers, FL 33908	
TITLE P	NAME BARBUTO, VITO		TITLE 	NAME Bruce Franson	
STREET ADDRESS 150 VICTORIA STREET CONDO #135	CITY-ST-ZIP ONTARIO, CA 90H-2PO		STREET ADDRESS 	CITY-ST-ZIP 1875 138th St Balsam Lake WI 54810	
TITLE D	NAME ANDERSON, GREG		TITLE 	NAME 	
STREET ADDRESS 5260 GODOWN ROAD	CITY-ST-ZIP COLUMBUS, OH 43235		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>3/28/07</u> Daytime Phone # <u>239 4725020</u>		

40076985



01112007 Chg-NP CR2E037 (12/06)