

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 04, 2005
Secretary of State

DOCUMENT# N04000000308

Entity Name: GARDENS AT BEACHWALK PROPERTY OWNERS CORPORATION, INC.**Current Principal Place of Business:**OCEAN WALK LANE
FORT MYERS, FL 33908**New Principal Place of Business:****Current Mailing Address:**PO BOX 6017
FORT MYERS BEACH, FL 33932**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SUITOR & ASSOCIATES, INC
PO BOX 6017
FORT MYERS BEACH, FL 33932 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LORO, EILEEN
Address: 11400 OCEAN WALK LANE # 5207
City-St-Zip: FORT MYERS, FL 33908

Title: VP () Delete
Name: BARBUTO, VITO
Address: 15605 OCEAN WALK LANE # 6213
City-St-Zip: FORT MYERS, FL 33908

Title: ST () Delete
Name: RUSSO, TOM
Address: 21 KATHERINE PLACE
City-St-Zip: OAKDALE, NY 11769

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: BARBUTO, VITO
Address: 15605 OCEAN WALK LANE # 6213
City-St-Zip: FORT MYERS, FL 33908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BAPTISTE, JAY
Address: OCEAN WALK LANE
City-St-Zip: FORT MYERS, FL 33908

Title: D () Change (X) Addition
Name: JUDD, CAROL
Address: OCEAN WALK LANE
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TOM RUSSO

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05/04/2005

Electronic Signature of Signing Officer or Director

Date