

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004699

FILED  
Jul 01, 2009  
Secretary of State

**Entity Name:** FLORIDA GARDEN CONDOMINIUMS ASSOCIATION, INC.

**Current Principal Place of Business:**

16 SOUTH COURT  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 33143  
INDIALANTIC, FL 32903

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CURTIS, MOSLEY  
1221 E NEW HAVEN AVE  
MELBOURNE, FL 32901 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MONTOYA, JUAN  
Address: 16 SOUTH COURT  
City-St-Zip: INDIALANTIC, FL 32903

Title: V ( ) Delete  
Name: PENA, RICARDO  
Address: 16 SOUTH COURT  
City-St-Zip: INDIALANTIC, FL 32903

Title: T ( ) Delete  
Name: SMITH, DAVID  
Address: 16 SOUTH COURT  
City-St-Zip: INDIALANTIC, FL 32903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KAMHOLZ, WILLIAM R  
Address: 18 SOUTH COURT  
City-St-Zip: INDIALANTIC, FL 32903

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

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

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM R. KAMHOLZ

PD

07/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date