
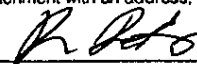


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000006247 1. Entity Name THE GARDENS AT LAKESHORE HOMEOWNERS', INC.					
Principal Place of Business 2858 REMINGTON GREEN CIR TALLAHASSEE, FL 32308				Mailing Address 2858 REMINGTON GREEN CIR TALLAHASSEE, FL 32308	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GUERINO, JAMES 2858 REMINGTON GREEN CIR TALLAHASSEE, FL 32308				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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>					
Filing Fee is \$61.25 Due by September 7, 2005		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	D	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKIPPER, STEVE		NAME	Kent R. Putnam	
STREET ADDRESS	521 CHAF CHASEN RD		STREET ADDRESS	2890 Lakeshore Dr. W	
CITY - ST - ZIP	QUINCY, FL 32352		CITY - ST - ZIP	Tallahassee, FL 32312	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKIPPER, BRYANT		NAME	Debra R. Krick	
STREET ADDRESS	521 CHAF CHASEN RD		STREET ADDRESS	2886 Lakeshore Dr. W.	
CITY - ST - ZIP	QUINCY, FL 32352		CITY - ST - ZIP	Tallahassee, FL 32312	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKIPPER, MICKY		NAME	Kaye Moss	
STREET ADDRESS	521 CHAF CHASEN RD		STREET ADDRESS	2862 Lakeshore Dr. W.	
CITY - ST - ZIP	QUINCY, FL 32352		CITY - ST - ZIP	Tallahassee, FL 32312	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Kent R. Putnam 9/2/05		850-488-4965	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

FILED
05 SEP -2 11 9 45

SECRET
FALL 11



09022005 Chg-NP CR2E037 (10/03)

4. FEI Number
N/A

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GUERINO, JAMES
2858 REMINGTON GREEN CIR
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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

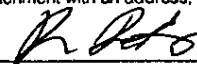
President
Kent R. Putnam
2890 Lakeshore Dr. W
Tallahassee, FL 32312

Vice President
Debra R. Krick
2886 Lakeshore Dr. W.
Tallahassee, FL 32312

Secretary/Treasurer
Kaye Moss
2862 Lakeshore Dr. W.
Tallahassee, FL 32312

200059394992
09/07/05--01029--023 **61.25

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  Kent R. Putnam 9/2/05 850-488-4965