

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009404

FILED
Apr 30, 2009
Secretary of State

Entity Name: GARDENS OF ISLEWORTH COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

9350 CONROY WINDERMERE ROAD
WINDERMERE, FL 34786

New Principal Place of Business:

6100 PAYNE STEWART DRIVE
WINDERMERE, FL 34786

Current Mailing Address:

9350 CONROY WINDERMERE ROAD
WINDERMERE, FL 34786

New Mailing Address:

6100 PAYNE STEWART DRIVE
WINDERMERE, FL 34786

FEI Number: 56-2494221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

G&L AGENT SERVICES, INC.
390 N ORANGE AVE
STE 600
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: MICHELE HOLDEN

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VOSS, JEFFERSON R
Address: 9350 CONROY WINDERMERE ROAD
City-St-Zip: WINDERMERE, FL 34786

Title: VD () Delete
Name: LEWIS, VIVIENNE
Address: 9350 CONROY WINDERMERE ROAD
City-St-Zip: WINDERMERE, FL 34786

Title: STD () Delete
Name: RICHARDS, LISA H
Address: 9350 CONROY WINDERMERE ROAD
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JEFFERSON R VOSS

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date