2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010642

FILED Jan 29, 2009 Secretary of State

Entity Name: GARDEN LAKES AT COLONIAL SECTION IV CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O INNTEGRATED PROPERTY MGMT. 3435- 10TH STRRET N., # 201

NAPLES, FL 34103

Current Mailing Address:

C/O INNTEGRATED PROPERTY MGMT. 3435- 10TH STRRET N., # 201

NAPLES, FL 34103

1833 HENDRY ST

FEI Number: 20-1578846

SHIELDS, CHRISTOPHER J

FORT MYERS, FL 33902 US

FEI Number Applied For ()

FEI Number Not Applicable ()

NAPLES, FL 34103

NAPLES, FL 34103 New Mailing Address:

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SHIELDS, CHRISTOPHER J 1833 HENDRY ST

FORT MYERS, FL 33902 US

New Principal Place of Business:

3435- 10TH STREET N., # 201

3435- 10TH STREET N., # 201

C/O INTEGRATED PROPERTY MGMT.

C/O INTEGRATED PROPERTY MGMT.

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:

POB 1507

01/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

() Delete

ARCHER, DAVID Name:

101027 COLONIAL C. C. BLVD #1608 Address:

City-St-Zip: FORT MYERS, FL 33913

Title: DS () Delete

DRESAR, JOE Name:

Address: 10131 COLONIAL C. C. BLVD. #140E

City-St-Zip: FORT MYERS, FL 33913

Title: DVP () Delete

JANUSZKIEWICZ, MARY JANE Name: Address: 10131 COLONIAL C. C. BLVD #1410

City-St-Zip: FORT MYERS, FL 33913 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

Name: Address: City-St-Zip:

Title: DST (X) Change () Addition

Name: DRESAR, JOE

Address: 10131 COLONIAL C. C. BLVD. #140E

City-St-Zip: FORT MYERS, FL 33913

Title: DVP (X) Change () Addition

SHAW, MARY Name:

10131 COLONIAL C. C. BLVD #1408 Address:

City-St-Zip: FORT MYERS, FL 33913

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: DAVID ARCHER DP 01/29/2009