


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90021 003 ****61.25

DOCUMENT # N04000010808 1. Entity Name GARISON WAY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 1731 NW 6TH STREET SUITE A GAINESVILLE, FL 32609	Mailing Address PO BOX 14506 GAINESVILLE, FL 32604
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2. Principal Place of Business - No P.O. Box # C/O WATSON REALTY CORP	3. Mailing Address SAME
Suite, Apt. #, etc. 4516 NW 23rd Ave	Suite, Apt. #, etc.

City & State GAINESVILLE, FL	City & State
Zip 32606	Country USA

6. Name and Address of Current Registered Agent BAUR, WESTON ED BAUR MGT INC DBA FL COMMUNITY MGT 1731 NW 6TH STREET SUITE 1 GAINESVILLE, FL 32609	
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40048324



01312008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-3138704	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name Pollard, Frances C.	
Street Address (P.O. Box Number is Not Acceptable) C/O Watson Realty Corp	
4516 NW 23rd Avenue	
City Gainesville	Zip Code 32606

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. Frances C. Pollard	DATE 3-17-08
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Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, G.W. 6208 NW 43RD STREET GAINESVILLE, FL 32653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, KATE 6208 NW 43RD STREET GAINESVILLE, FL 32653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, RANDY 6208 NW 43RD STREET GAINESVILLE, FL 32653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Signature and typed or printed name of signing officer or director Randy Robinson	DATE 3-17-08	DAYTIME PHONE # 352 373-1724
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