


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90174 024 ****61.25

DOCUMENT # N04000010809

1. Entity Name
GARISON WAY VILLA ASSOCIATION, INC.



Principal Place of Business
**6208 NW 43RD STREET
 GAINESVILLE, FL 32653**

Mailing Address
**6208 NW 43RD STREET
 GAINESVILLE, FL 32653**

2. Principal Place of Business - No P.O. Box #
1731 NW 6TH STREET

3. Mailing Address
PO BOX 14506

Suite, Apt. #, etc.
SUITE A

Suite, Apt. #, etc.

City & State
GAINESVILLE FL


City & State
GAINESVILLE FL

Zip
32609

Country
ALACHUA

Zip
32604

Country
ALACHUA



02162007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-3138771

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBINSON, G.W.
 6208 NW 43RD STREET
 GAINESVILLE, FL 32653**

7. Name and Address of New Registered Agent

Name
WESTON BAUR/ED BAUR MANAGEMENT INC.

Street Address (P.O. Box Number is Not Acceptable)
DBA FLORIDA COMMUNITY MANAGEMENT

1731 NW 6TH STREET SUITE A

City
GAINESVILLE FL Zip Code
32609

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]* **3-8-07**

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 May 1, 2007

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

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	D ROBINSON, KATE 6208 NW 43RD STREET GAINESVILLE, FL 32653	<input type="checkbox"/> Delete
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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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]* **3-24-07** **352** **323-1729**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #