

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006499

FILED
Apr 23, 2007
Secretary of State

Entity Name: ECHO GARDENS, A CONDOMINIUM, INC.

Current Principal Place of Business:

1009 SIMONTON ST.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1009 SIMONTON ST.
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 02-0720952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURCHFELD, GARY
1009 SIMONTON ST.
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BURCHFELD, GARY
Address: 1009 SIMONTON ST.
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: KLITENICK, RICHARD
Address: 1009 SIMONTON ST.
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: SMITH, SHAWN
Address: 600 TRUMAN AVE.
City-St-Zip: KEY WEST, FL 33040

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 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: GARY BURCHFIELD

D

04/23/2007

Electronic Signature of Signing Officer or Director

Date