

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000971

FILED
Mar 08, 2009
Secretary of State

Entity Name: GARDENS SYNCRO, INC.

Current Principal Place of Business:

2044 SW MOCKINGBIRD LANE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 32422
PALM BEACH GARDENS, FL 33420

New Mailing Address:

FEI Number: 20-4308537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DODGE, CHERYL
2044 SW MOCKINGBIRD LANE
PALM CITY, FL 34990 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: DODGE, CHERYL
Address: 2044 S.W. MOCKINGBIRD LANE
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: EDDY, LIZA
Address: 3406 CAPRI ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: BABER, DEBI
Address: 3854 BUTTERCUP CIRCLE N.
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: OROSA, GEORGINA
Address: 11730 COTTONWOOD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: WASKIEWICZ, TIM
Address: 14 GLENGARY ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: BENKO, BRITTANI
Address: 3203 D MERIDIAN WAY N.
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SMERIGLIO, KELLY
Address: 101 VIA ESCOBAR PLACE
City-St-Zip: PALM BEACH GARDENS, FL 33418

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

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

Title: D (X) Change () Addition
Name: GAVINO, STACY
Address: 4669 ARTHUR STREET
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: CHERYL DODGE

D

03/08/2009

Electronic Signature of Signing Officer or Director

Date