

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED  
Apr 05, 2011  
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  
Name: DODGE, CHERYL  
Address: 2044 S.W. MOCKINGBIRD LANE  
City-St-Zip: PALM CITY, FL 34990

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

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

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

Title: D  
Name: MARCONI, COLLEEN  
Address: 2686 OAK DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

I hereby 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 all other like empowered.

SIGNATURE: CHERYL DODGE

MRS.

04/05/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date