

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000000971

**FILED**  
**Jan 18, 2012**  
**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:**

2044 SW MOCKINGBIRD LANE  
PALM CITY, FL 34990

**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: PR  
Name: LOWINSKI, MARGIE  
Address: 4114 CEDAR AVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D  
Name: BEDNAREK, LORI  
Address: 120 GILBRATER  
City-St-Zip: ROYAL PALM BEAC, FL 33411

Title: D  
Name: GARELICK, AMY  
Address: 3MARLWOOD LANE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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

DIR

01/18/2012

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

\_\_\_\_\_  
Date