

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # N06000002333	
1. Entity Name GOLF GARDENS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 900 W. MARION AVE. PUNTA GORDA, FL 33950	Mailing Address 900 W. MARION AVE. PUNTA GORDA, FL 33950
--	--

DO NOT WRITE IN THIS SPACE



03182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-8599953	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOMBARDI, VINCENZO
900 W. MARION AVE.
PUNTA GORDA, FL 33950

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000904310
05/01/08-80007-020 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOMBARDI, VINCENZO 900 W. MARION AVE. PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALBACETE, ALFONSO 1625 N. COMMERCE PKWY., SUITE 315 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTINEZ, CIRO 1625 N. COMMERCE PKWY., SUITE 315 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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)* _____ **4/14/08** **954 387-6161**

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