

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009850

FILED
Jan 05, 2007
Secretary of State

Entity Name: GARDEN BAY COLONY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

21 ROYAL PALM POINTE, STE. 100
C/O LAW OFFICES OF SAMUEL A. BLOCK, P.A.
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

21 ROYAL PALM POINTE, STE. 100
C/O LAW OFFICES OF SAMUEL A. BLOCK, P.A.
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLOCK, SAMUEL ESQ.
21 ROYAL PALM POINTE, STE. 100
C/O LAW OFFICES OF SAMUEL A. BLOCK, P.A.
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

BLOCK, SAMUEL A ESQ.
21 ROYAL PALM POINTE, STE. 100
C/O LAW OFFICES OF SAMUEL A. BLOCK, P.A.
VERO BEACH, FL 32960 US

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: SAMUEL A. BLOCK

01/05/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: ZANA, YANE F.
Address: 66 N. ATLANTIC AVE., STE. 205
City-St-Zip: COCOA BEACH, FL 32931

Title: DV () Delete
Name: SCALES, JOSEPH R.
Address: 66 N. ATLANTIC AVE., STE. 205
City-St-Zip: COCOA BEACH, FL 32931

Title: DS (X) Delete
Name: BLOCK, SAMUEL A.
Address: 21 ROYAL PALM POINTE, STE. 100
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: FAIRES, JUSTIN
Address: 905 LIVE OAK ROAD
City-St-Zip: VERO BEACH, FL 32963

Title: VS (X) Change () Addition
Name: BLOCK, SAMUEL
Address: 21 ROYAL PALM POINTE, SUITE 100
City-St-Zip: VERO BECH, FL 32960

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: JUSTIN S. FAIRES

PT

01/05/2007

Electronic Signature of Signing Officer or Director

Date