

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012077

FILED
Apr 09, 2009
Secretary of State

Entity Name: GARDEN CLUB OF THE LAKES, INC.

Current Principal Place of Business:

128 SE 61ST STREET
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

6668 SE 9TH AVE
STARKE, FL 32091

Current Mailing Address:

128 SE 61ST STREET
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

6668 SE 9TH AVE
STARKE, FL 32091

FEI Number: 59-6585228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOST, JACKIE
128 SE 61ST STREET
KEYSTONE HEIGHTS, FL 32656 US

Name and Address of New Registered Agent:

MILLS, ELSIE M
6668 SE 9TH AVE
STARKE, FL 32091 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: ELSIE M. MILLS

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOST, JACKIE
Address: 128 SE 61ST STREET
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: V () Delete
Name: ANKENY, ZAIRE
Address: 6211 CR 214
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: T () Delete
Name: MILLS, ELSIE
Address: 6668 SE 9TH AVENUE
City-St-Zip: STARKE, FL 32091

Title: S () Delete
Name: FOY, ROBIN
Address: 8296 MELROSE RD
City-St-Zip: MELROSE, FL 32666

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANKENY, ZAIRE
Address: 6211 CR 214
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: V (X) Change () Addition
Name: OWEN, CHERYL
Address: 7980 SR 100
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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

Title: S (X) Change () Addition
Name: WIDA, URSULA
Address: 5685 HIAWATHA ST.
City-St-Zip: KEYSTONE HIGHTS, FL 32656

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: ELSIE M. MILLS

TREA

04/09/2009

Electronic Signature of Signing Officer or Director

Date