

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07575

FILED
Jan 25, 2009
Secretary of State

Entity Name: GARDEN OAKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 5091
NICEVILLE, FL 32578 US

New Principal Place of Business:

55 BAY DRIVE
NICEVILLE, FL 32578 US

Current Mailing Address:

PO BOX 5091
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 59-2792508 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ANKER, MICHAEL C
1729 WREN WAY
NICEVILLE, FL 32578 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: VP () Delete
Name: ANKER, MIKE
Address: 1729 WAREN WAY
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: FURBER, JANET
Address: 55 BAY DR # 3204
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: SARNOSKY, RICH
Address: 55 BAY DR # 5202
City-St-Zip: NICEVILLE, FL 32578

Title: D (X) Delete
Name: POE, SHERRY
Address: 55 BAY DRIVE, # 4103
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: DOUGLAS, BRENDA
Address: 55 BAY DR # 2202
City-St-Zip: NICEVILLE, FL 32578

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

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

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: MIKE ANKER

VP

01/25/2009

Electronic Signature of Signing Officer or Director

Date