2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000000094

Entity Name: THE GARDENS COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

505 S FLAGLER DRIVE STE 1002
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

505 S FLAGLER DRIVE STE 1002
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 26-2169992 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE STE 100
WEST PALM BEACH, FL 33401 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: DP ( ) Delete
Name: STRAUB, GLEEN E
Address: 505 S FLAGLER DRIVE STE 1002
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DV ( ) Delete
Name: CECIL, DAN
Address: 505 S FLAGLER DRIVE STE 1002
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DST ( ) Delete
Name: MULLER, ELLEN
Address: 505 S FLAGLER DRIVE STE 1002
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: STRAUB, GLENN E
Address: 505 S FLAGLER DRIVE STE 1002
City-St-Zip: WEST PALM BEACH, FL 33401

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: GLENN E STRAUB DP 04/30/2009

Electronic Signature of Signing Officer or Director — Date