

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 29, 2007
Secretary of State

DOCUMENT# N09194

Entity Name: GARNIER'S CAY TOWNHOMES ASSOCIATION, INC.**Current Principal Place of Business:**231 SHALIMAR DRIVE
SHALIMAR, FL 32579 US**New Principal Place of Business:**249 SHALIMAR DRIVE
SHALIMAR, FL 32579 US**Current Mailing Address:**P. O. BOX 13
SHALIMAR, FL 32579 US**New Mailing Address:**P. O. BOX 13
SHALIMAR, FL 32579 US**FEI Number:** 58-1631998**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BAILEY, JOE
231 SHALIMAR DRIVE
SHALIMAR, FL 32579 US**Name and Address of New Registered Agent:**LEE, KRISTINE K
249 SHALIMAR DRIVE
SHALIMAR, FL 32579 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: KRISTINE K. LEE

08/29/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: BAILEY, JOE
Address: 231 SHALIMAR DR
City-St-Zip: SHALIMAR, FL 32579Title: SD () Delete
Name: PEREZ, NINA
Address: 209 SHALIMAR DR
City-St-Zip: SHALIMAR, FL 32579Title: TD () Delete
Name: PERAHIA, BARAK
Address: 207 SHALIMAR DR
City-St-Zip: SHALIMAR, FL 32579Title: VD () Delete
Name: HARRIS, DENIZ
Address: 233 SHALIMAR DR
City-St-Zip: SHALIMAR, FL 32579**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: LEE, KRISTINE K
Address: 249 SHALIMAR DR
City-St-Zip: SHALIMAR, FL 32579Title: () Change () Addition
Name:
Address:
City-St-Zip: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: KRISTINE K. LEE

PD

08/29/2007

Electronic Signature of Signing Officer or Director

Date