


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90024 012 ****61.25

DOCUMENT # N11097 1. Entity Name THE GARDENS OF FOREST LAKES CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 3684 TAMPA RD STE 6 OLDSMAR, FL 34677 US	Mailing Address 3684 TAMPA RD STE 6 OLDSMAR, FL 34677 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

40049889



02142008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2642870	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TANKEL, ROBERT 1022 MAIN STREET SUITE D DUNEDIN, FL 34698	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, VANITA 334 EAST LAKE RD #260 PALM HARBOR, FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3684 TAMPA RD. STE 6 OLDSMAR FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEMAY, SANDRA 1012 PEARCE DR CLEARWATER, FL 34764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3684 TAMPA RD. STE 6 OLDSMAR FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHERFEY, JANET 129 CAMPHOC CIR., #G OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3684 TAMPA RD. STE 6 OLDSMAR FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCDONALD, DENNIS 137A HUNTER LAKE DR OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3684 TAMPA RD. STE 6 OLDSMAR FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, PHIL 1116 BRAMBELWOOD DR SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3684 TAMPA RD. STE 6 OLDSMAR FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: <u>Vanita Hall</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3-18-08 727-688-1678 Date Daytime Phone #
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