

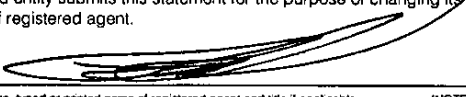
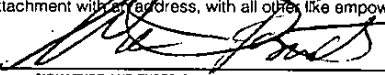


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90554 032 ****61.25

DOCUMENT # N24904 1. Entity Name THE GARDEN HOMES AT MOON LAKE ASSOCIATION, INC.					
Principal Place of Business 5019 ECLIPSE COURT NAPLES, FL 34104			Mailing Address C/O BEAR PROPERTY MGMT, INC. 4100 CORPORATE SQ. #150 NAPLES, FL 34104		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address c/o Integrated Property Mgmt. Suite, Apt. #, etc.			
City & State		3435 - 10th Street N, #201 City & State Naples, FL			
Zip		Zip			
Country		Country			
4. FEI Number 65-0327627		Applied For <input type="checkbox"/> Not Applicable		03282005 Chg-NP CR2E037 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent BRAND, LINDA 4100 CORPORATE SQ. #150 NAPLES, FL 34104	
7. Name and Address of New Registered Agent Name Samouce, Robert C. Street Address (P.O. Box Number is Not Acceptable) 5405 Park Central Court City Naples		FL		Zip Code 34109	
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:  DATE: 4/12/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARLTON, ROBERT 1226 JARVIN DRIVE NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Konrath, William 1184 Jardin Drive Naples, FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, ERIC C C/O 1520 ROYAL PALM SQ BLVD, STE 360 FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Doloughy, Maria 1118 Jardin Drive Naples, FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENZENBERG, WILLIAM 1076 JARDIN DRIVE NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD La Barbera, Frank 1268 Naples Lakes Drive Naples, FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PFAFF, GUSS 1256 NAPLES LAKE DR. NAPLES, FL 34104	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Pfaff, Gus 1256 Naples Lakes Drive Naples, FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD STOCKER, PETER 1140 MOON LAKE DR NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DeVantier, Alex 1154 Jardin Drive Naples, FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCKEOWN, BRIAN 1020 MOON LAKE DR. NAPLES, FL 34104	<input checked="" 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 exemption stated in Section 119.07(3)(i), 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 address, with all other like empowered.					
SIGNATURE:  DATE: 4/4/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					