

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24904

FILED
Jan 29, 2009
Secretary of State

Entity Name: THE GARDEN HOMES AT MOON LAKE ASSOCIATION, INC.

Current Principal Place of Business:

5019 ECLIPSE COURT
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O INTEGRATED PROPERTY MGMT
3435 10TH ST N, #201
NAPLES, FL 34103

New Mailing Address:

FEI Number: 65-0327627 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC.
1395PANTHER LN STE 300
NAPLES, FL 34109 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: CHIRILLO, KAY
Address: 950 MOON LAKE DRIVE
City-St-Zip: NAPLES, FL 34104

Title: DS () Delete
Name: REDDY, DONALD
Address: 1045 JARDIN DRIVE
City-St-Zip: NAPLES, FL 34104

Title: DT () Delete
Name: KEMP, SANDRA
Address: 1095 MOON LAKE DRIVE
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: PFAFF, GUSS
Address: 1256 NAPLES LAKE DR.
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: BENZENBERG, INGE
Address: 1076 JARDIN DRIVE
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: SULMASY, WARREN
Address: 014 OLD POND DRIVE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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: KAY CHIRILLO

DP

01/29/2009

Electronic Signature of Signing Officer or Director

Date