2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25332

FILED Jun 15, 2005 Secretary of State

Entity Name: GARDEN OAKS HOMEOWNERS ASSOCIATION INC

Littly Ivan	IE. GARDEN CARS HOWLOWNERS ASSE	DIATION, INC.		
Current Pr	incipal Place of Business:	New Principal Place of Business:		
	HAMMOCKS RD CH GARDENS, FL 33410 US			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
	HAMMOCKS RD I GARDENS, FL 33410 US			
	65-0034881 FEI Number Applied For() e with s. 607.193(2)(b), F.S., the corporation did not Address of Current Registered Agent:		Status Desired()	
860 US HIG	DONALD ESQ. GHWAY ONE, SUITE 108 ALM BEACH, FL 33408 US			
The above in the State	named entity submits this statement for the poor of Florida.	pose of changing its registered office or regis	tered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Age	: Date	e	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	VD () Delete KELLEY, JACQUELINE 8644 DOVERBROOK DR PALM BEACH GARDENS, FL 33410	Title: () Change () And Name: Address: City-St-Zip:	ddition	
Title: Name: Address: City-St-Zip:	TD () Delete SLATER, CHEF 8330 OLD FORREST ROAD PALM BEACH GARDENS, FL 33410	Title: TD (X) Change () A Name: STREET, CAROLYN Address: 4145 ROYAL OAK DRIVE City-St-Zip: PALM BEACH GARDENS, FL		
Title: Name: Address: City-St-Zip:	PD () Delete BRADY, TERENCE 4409 LACEY OAK DRIVE PALM BEACH GARDENS, FL 33410	Title: () Change () And Name: Address: City-St-Zip:	ddition	
Title: Name: Address: City-St-Zip:	VD () Delete LIPPS-ROSI, LINDA 4397 LACEY OAK DRIVE PALM BEACH GARDENS, FL 33410	Title: () Change () Ad Name: Address: City-St-Zip:	ddition	
Title: Name: Address: City-St-Zip:	SD () Delete TOBIAS, MORRIS 4220 ROYAL OAK DR PALM BEACH GARDENS, FL 33410	Title: SD (X) Change () A Name: BIRKHEAD, HELEN Address: 4149 ROYAL OAK DR City-St-Zip: PALM BEACH GARDENS, FL		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TERENCE BRADY PD 06/15/2005