



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90080 045 \*\*\*\*61.25

<b>DOCUMENT # N26550</b> 1. Entity Name THE GARDENS HUNT CLUB ASSOCIATION, INC.					
Principal Place of Business 400 TONEY PENNA DR JUPITER, FL 33458 US			Mailing Address 400 TONEY PENNA DR JUPITER, FL 33458 US		
Principal Place of Business <i>Prime Management Group</i> Suite, Apt. #, etc. <i>same</i>		3. Mailing Address <i>Prime Management Group</i> Suite, Apt. #, etc. <i>same</i>			
City & State		City & State		03212006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 65-0136052	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  DICKINSON MANAGEMENT INC 400 TONEY PENNA DR. JUPITER, FL 33458				7. Name and Address of New Registered Agent Name <i>Dicker, Krivok &amp; Stoloff P.A.</i> Street Address (P.O. Box Number is Not Acceptable) <i>1818 Australian Ave. South.</i> Suite <i>400</i> City <i>West Palm Beach</i> FL Zip Code <i>33409</i>	
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 <i>Sam A. Stoloff</i> DATE <i>4/20/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	CRAMER, CARLA		NAME	<i>McDonald, Jack</i> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	10229 HUNT CLUB LN		STREET ADDRESS	<i>10241 Hunt Club Lane</i>	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP	<i>Palm Beach Gardens, FL 33418</i>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<i>VP</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DONEGAN, JENNIFER		NAME	<i>Heller, John</i>	
STREET ADDRESS	10284 HUNT CLUB LN		STREET ADDRESS	<i>10255 Hunt Club Lane</i>	
CITY-ST-ZIP	PALM BEACH GRDNS, FL 33418		CITY-ST-ZIP	<i>Palm Beach Gardens, FL 33418</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<i>ST</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRITTON, DEBORAH		NAME	<i>Perham, Jennifer</i>	
STREET ADDRESS	102977 HUNT CLUB LANE		STREET ADDRESS	<i>10243 Hunt Club Lane</i>	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP	<i>Palm Beach Gardens, FL 33418</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<i>D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHALLOWAY, CHRISTINE		NAME	<i>Paperick, Jonathan</i>	
STREET ADDRESS	10248 HUNTCLUB LANE		STREET ADDRESS	<i>10396 Peach Tree Circle</i>	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP	<i>Palm Beach Gardens, FL 33418</i>	
TITLE	VPST	<input checked="" type="checkbox"/> Delete	TITLE	<i>D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALESKOVSKY, PAUL		NAME	<i>Rowan, Ellen</i>	
STREET ADDRESS	10266 HUNT CLUB LANE		STREET ADDRESS	<i>10242 Hunt Club Lane</i>	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP	<i>Palm Beach Gardens, FL 33418</i>	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDONALD, JACK		NAME		
STREET ADDRESS	10241 HUNT CLUB LN		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
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: <i>John Perham</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>4.20.06</i> Daytime Phone # <i>361.747.5505</i>		