2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # N26550 1. Entity Name THE GARDENS HUNT CLUB ASSOCIATION, INC.					05-09-2	2006 90080 04:	
Principal Place of Business 400 TONEY PENNA DR JUPITER, FL 33458 US Mailing Address 400 TONEY PENNA DR JUPITER, FL 33458 US			us '		40000i	00	
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Principal Pl	lace of Business	3. Mailing Address	1. /	<i>7</i> ,			elen elen oleman oliken
rine,	Management Group	Prime Mara	cement lo	940			
Suite, Apt.		Suite, Apt. #, etc.		032	12006 Chg-NP	CR2E037	(11/05)
City & State	Same	Same City & State		4. F	El Number		Applied For
Ony a onen	, , , , , , , , , , , , , , , , , , ,	Ony a state			55-0136052		Not Applicable
Zip	Country	Zip	Country	5. C	ertificate of Status Des	sired 🔲 💲	8.75 Additional ee Required
	6. Name and Address of Current R	egistered Agent		7. N	ame and Address of	New Registered Ag	jent O A
DICKINSON MANAGEMENT INC				icker	Kriuo K	45tolo(CC P. A.
400 TONEY PENMA DR. JUPITER, FL 33458				878	Australia	Aye. S	outh.
				_		Suit	e 400
			Cit	st Palm	Beach	FL	Zip Code 33409
	named entity submits this statement for	he purpose of changing its r	egistered office or	registered age	ant, or both, in the State	e of Florida. 1 am fa	miliar with, and accept
the obligati	ions of registered agent.	1 -1 / 1	1			./	
SIGNATURE //// Satt A Stoloff						4/20/	06
SIGNATURE .	Signature, typed or printed name of registered agent an		Registered Agent signatu	re required when rei	nstating)	DATE	
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	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Co			O May Be I to Fees	Make check Florida Departn	
10.	OFFICERS AND DIRE		11.	ADDITI	ONS/CHANGES TO C		
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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 directive empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.20.06 261. 747. 5505

Daytime Phone