

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90073 050 ****61.25

DOCUMENT # N31946	
1. Entity Name	
THE GARDEN VILLAS AT GATOR TRACE OF ST. LUCIE HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
4062 GARDEN VILLAS COURT FORT PIERCE FL 34982 US	4062 GARDEN VILLAS COURT FORT PIERCE FL 34982 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number		Applied For
65-0191725		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
☐		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LENNON, JAMES 4062 GARDEN VILLAS CT. FORT PIERCE FL 34982		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CLUM, MARIE	NAME	
STREET ADDRESS	4059 GARDEN VILLAS CT.	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34982	CITY-ST-ZIP	
TITLE	DT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LENNON, JAMES	NAME	
STREET ADDRESS	4062 GARDEN VILLAS CT.	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34982	CITY-ST-ZIP	
TITLE	DVP ☒ Delete	TITLE	☒ Change ☐ Addition
NAME	ALBERT, CHARLES	NAME	PRESIDENT
STREET ADDRESS	4078 GATOR TRACE RD	STREET ADDRESS	WILBERT STALLON
CITY-ST-ZIP	FORT PIERCE FL 34982	CITY-ST-ZIP	4077 GATOR TRACE ROAD
TITLE	DS ☒ Delete	TITLE	☒ Change ☐ Addition
NAME	PRYNTER, CHARLEY	NAME	SECRETARY
STREET ADDRESS	4003 GATOR TRACK RD	STREET ADDRESS	DIANE DAUPHAYS
CITY-ST-ZIP	FORT PIERCE FL 34982	CITY-ST-ZIP	4051 GARDEN VILLAS CT
TITLE	☐ Delete	TITLE	☐ Change ☒ Addition
NAME		NAME	AT LARGE
STREET ADDRESS		STREET ADDRESS	DOUG ZINKEL
CITY-ST-ZIP		CITY-ST-ZIP	4005 GATOR TRACE ROAD
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 an address, with all other like empowered.

SIGNATURE: James Lennon James Lennon 2/27/05 772-461-7240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #