

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90040 027 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0191725**

Applied For

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT ☐ Delete  
NAME LENNON, JAMES  
STREET ADDRESS 4062 GARDEN VILLAS CT.  
CITY ST ZIP FORT PIERCE FL 34982

TITLE AT ☐ Change ☒ Addition  
NAME Carolyn Russell  
STREET ADDRESS 4064 Gator trace RD  
CITY ST ZIP FT Pierce, FL 34982

TITLE S ☐ Delete  
NAME DAUPHARS, DIANE  
STREET ADDRESS 4051 GARDEN VICKERS CT  
CITY ST ZIP FORT PIERCE FL 34982

TITLE AT ☐ Change ☒ Addition  
NAME Dorothy Manthey  
STREET ADDRESS 4050 Gator trace Rd  
CITY ST ZIP FT Pierce, FL 34982

TITLE D ☐ Delete  
NAME ZIRKEL, DOUG  
STREET ADDRESS 4005 GATOR TRACK RD  
CITY ST ZIP FORT PIERCE FL 34982

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **JAMES LENNON** James Lennon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/07 (772) 461-7240

Date

Daytime Phone #