2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# N31946

Entity Name: THE GARDEN VILLAS AT GATOR TRACE OF ST. LUCIE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

4062 GARDEN VILLAS COURT
FORT PIERCE, FL 34982 US

New Principal Place of Business:

Current Mailing Address:

4062 GARDEN VILLAS COURT
FORT PIERCE, FL 34982 US

New Mailing Address:

FEI Number: 65-0191725 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LENNON, JAMES
4062 GARDEN VILLAS CT.
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DT ( ) Delete
Name: LENNON, JAMES
Address: 4062 GARDEN VILLAS CT.
City-St-Zip: FORT PIERCE, FL 34982

Title: S ( ) Delete
Name: DAUPHARS, DIANE
Address: 4051 GARDEN VICKERS CT
City-St-Zip: FORT PIERCE, FL 34982

Title: D ( ) Delete
Name: ZIRKEL, DOUG
Address: 4005 GATOR TRACK RD
City-St-Zip: FORT PIERCE, FL 34982

Title: AT ( ) Delete
Name: RUSSELL, CARLYN
Address: 4064 GATOR TRACE RD
City-St-Zip: FORT PIERCE, FL 34982

Title: AT ( ) Delete
Name: MANTHEY, DOROTHY
Address: 4050 GATOR TRACE RD
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: DAUPHARS, DIANE
Address: 4051 GARDEN VILLAS CT
City-St-Zip: FORT PIERCE, FL 34982

Title: D (X) Change ( ) Addition
Name: AUSTIN, KEVIN
Address: 4029 GATOR TRACE ROAD
City-St-Zip: FORT PIERCE, FL 34982 US

Title: AT (X) Change ( ) Addition
Name: RUSSELL, CARLYN
Address: 4064 GATOR TRACE RD
City-St-Zip: FORT PIERCE, FL 34982 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES LENNON DT 02/27/2009

Electronic Signature of Signing Officer or Director — Date