


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000005246
 1. Entity Name
 GARDEN ISLES CIVIC ASSOCIATION, INC.



Principal Place of Business Mailing Address
 P.O. BOX 10122 P.O. BOX 10122
 POMPANO BEACH, FL 33061 POMPANO BEACH, FL 33061



03092005 No Chg-NP CR2E037 (10/03)

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4. FEI Number Applied For
 65-0446105 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 STOLZMAN, CYNDI
 361 SE 6TH AVE.
 POMPANO BEACH, FL 33060

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

UD0000292731
 04/07/05-80082-015 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZIGLER, JEAN
STREET ADDRESS	611 S.E. 5TH CT.
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	PD
NAME	CAMP, JERRY
STREET ADDRESS	330 SE 5TH TERRACE
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	VPD
NAME	GRIFFIN, JANICE
STREET ADDRESS	310 SE 6TH TERRACE
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	T
NAME	STOLZMAN, CYNDI
STREET ADDRESS	361 SE 6TH AVE.
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **CYNDI STOLZMAN** 3/9/05 954 614 9009

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