

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90119 030 \*\*\*\*61.25

DOCUMENT # N94000001079

1. Entity Name

GARDEN VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

C/O SARAH ADAMS  
23 HENRY DRIVE  
WINTER HAVEN FL 33880  
US

Mailing Address

56 ODESSA DR  
WINTER HAVEN FL 33880  
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 (10/05)

4. FEI Number

59-3235120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, SARAH  
23 HENRY DRIVE  
WINTER HAVEN FL 34744

7. Name and Address of New Registered Agent

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 constituting)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE DP  
NAME MCCAULEY, GENE ☒ Delete  
STREET ADDRESS 52 ODESSA  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE DV  
NAME TOOMBS, JAMES ☐ Delete  
STREET ADDRESS 46 HENRY DRIVE  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE DST  
NAME ADAMS, SARAH ☐ Delete  
STREET ADDRESS 23 HENRY DRIVE  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE D ☒ Delete  
NAME GRUBAUGH, DOYLE  
STREET ADDRESS 11 HENRY DRIVE  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE D ☐ Delete  
NAME HARMON, MICHAEL  
STREET ADDRESS 4 HENRY DRIVE  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Change ☐ Addition  
NAME JAMES TOOMBS  
STREET ADDRESS 46 ODESSA DR  
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE DV ☒ Change ☐ Addition  
NAME MICHAEL HARMON  
STREET ADDRESS 4 HENRY DR  
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE DST ☐ Change ☐ Addition  
NAME SARAH ADAMS  
STREET ADDRESS 23 HENRY DR  
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE D ☐ Change ☒ Addition  
NAME FORSTER, THOMAS  
STREET ADDRESS 49 ODESSA DR  
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE D ☐ Change ☒ Addition  
NAME HUME, RICHARD  
STREET ADDRESS 42 ODESSA DR  
CITY-ST-ZIP WINTER HAVEN, FL 33880

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: *Sarah L. Adams*

2-18-06 863-294-3984