


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90028 045 ****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
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01142007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-3235120	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ADAMS, SARAH 23 HENRY DRIVE WINTER HAVEN, FL 34744

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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: <u>Sarah Adams</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE: <u>2-9-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TOOMBS, JAMES 46 ODESSA DR WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HARMON, MICHAEL 4 HENRY DR WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ADAMS, SARAH 23 HENRY DRIVE WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORSTER, THOMAS 49 ODESSA DR WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUME, RICHARD 42 ODESSA DR WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Sarah Adams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>2-9-07</u> 863-294-3984 <small>Daytime Phone #</small>