2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State
02-28-2008 90005 043 ****61.25

DOCUMENT # N94000001079

1. Entity Name

GARDEN VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O SARAH ADAMS 23 HENRY DRIVE WINTER HAVEN FL 33880 US	~~50 ODESSA DR~~ ~~WINTER HAVEN FL 33880~~ ~~US~~

1st MOORE CR2E037 (10/07)

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 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 reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP TOOMBS, JAMES 46 ODESSA DR WINTER HAVEN FL 33880	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Michael Harmon 4 Henry Dr Winter Haven, FL 33880	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HARMON, MICHAEL 4 HENRY DR WINTER HAVEN FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Bill Coleman 5 Henry Dr Winter Haven, FL 33880	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST ~~ADAMS, SARAH~~ 23 HENRY DRIVE WINTER HAVEN FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST Sarah Adams 23 Henry Dr Winter Haven, FL 33880	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORSTER, THOMAS 49 ODESSA DR WINTER HAVEN FL 33880	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Richard Hume 42 odessa Winter Haven, FL 33880	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUME, RICHARD 42 ODESSA DR WINTER HAVEN FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Butch Downhour 12 Henry Dr Winter Haven, FL 33880	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 SARAH L. ADAMS 1-20-08 863-294-3984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #