

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90357 020 \*\*\*\*61.25

<b>DOCUMENT # N95000000426</b>					
<b>1. Entity Name</b> GARDENS I AT WATERSIDE VILLAGE ASSOCIATION, INC.					
<b>Principal Place of Business</b> 810 B PINEBROOK RD C/O CAPRI PROPERTY MANAGEMENT INC VENICE, FL 34292 US			<b>Mailing Address</b> 810 B PINEBROOK RD C/O CAPRI PROPERTY MANAGEMENT INC VENICE, FL 34292 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0555807	
Zip		Country		Zip	
Country		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  OGRADY, CYNTHIA 3380 RUSTIC RD. NOKOMIS, FL 34275			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> STD <b>NAME</b> O'CONNER, MAUREEN <b>STREET ADDRESS</b> 200 SILVER LAKE DR # 102 <b>CITY-ST-ZIP</b> VENICE, FL 34292	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> ROBINSON, ROBERT <b>STREET ADDRESS</b> 202 SILVER LAKE DR # 103 <b>CITY-ST-ZIP</b> VENICE, FL 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> YISCOGLIOSI, DOROTHY <b>STREET ADDRESS</b> 200 SILVER LAKE DR # 104 <b>CITY-ST-ZIP</b> VENICE, FL 34292	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> SACK, LARRY <b>STREET ADDRESS</b> 200 SILVER LAKE DR # 203 <b>CITY-ST-ZIP</b> VENICE, FL 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> ROBINSON, ROBERT <b>STREET ADDRESS</b> 202 SILVER LAKE DR # 103 <b>CITY-ST-ZIP</b> VENICE, FL 34292	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> STD <b>NAME</b> RATCLIFFE, AMY <b>STREET ADDRESS</b> 200 SILVER LAKE DR # 104 <b>CITY-ST-ZIP</b> VENICE, FL 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Robert Robinson</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					