


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90194 050 ****61.25

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| DOCUMENT # N95000000426 | | | |  | |
| 1. Entity Name GARDENS I AT WATERSIDE VILLAGE ASSOCIATION, INC. | | | | | |
| Principal Place of Business 810 B PINEBROOK RD C/O CAPRI PROPERTY MANAGEMENT INC VENICE, FL 34292 US | | | Mailing Address 810 B PINEBROOK RD C/O CAPRI PROPERTY MANAGEMENT INC VENICE, FL 34292 US | | |
| 2. Principal Place of Business - No P.O. Box # 530 US41 BYPASS S. | | 3. Mailing Address C/O PAM S | | | |
| Suite, Apt. #, etc. 1813 | | Suite, Apt. #, etc. P.O. Box 595 | | | |
| City & State Venice, FL | | City & State Venice, FL | | 4. FEI Number 65-0555807 | |
| Zip 34292 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent OGRADY, CYNTHIA 3380 RUSTIC RD. NOKOMIS, FL 34275 | | | 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 _____ <small>Signature, typed or printed name of registered agent and side if applicable (NOTE: Registered Agent signature required when reinstating) DATE</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 | | 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 | STD RATCLIFF, AMY 200 SILVER LAKE DR #104 VENICE, FL 34292 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD RATCLIFF, AMY 200 SILVER LAKE DR #104 VENICE, FL 34292 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD SACK, LARRY 200 SILVER LAKE DR #203 VENICE, FL 34292 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD NAYLOR, DONNA 201 SILVER LAKE DR #106 VENICE, FL 34292 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD ROBINSON, ROBERT 202 SILVER LAKE DR #103 VENICE, FL 34292 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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>Robert Robinson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date Daytime Phone #</small> | | | | | |