

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90024 049 ****61.25

DOCUMENT # N95000000427

1. Entity Name
GARDENS I OF ST. ANDREWS ASSOCIATION, INC.



Principal Place of Business
**C/O CAPRI PROPERTY MGMT. INC
810 B PINEBROOK ROAD
VENICE, FL 34292**

Mailing Address
**C/O CAPRI PROPERTY MGMT. INC
810 B PINEBROOK ROAD
VENICE, FL 34292**

50009626



03252006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0556144 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPRI PROPERTY MANAGEMENT, INC.
810B PINEBROOK RD.
VENICE, FL 34292**

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

**Filing 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	PD	<input type="checkbox"/> Delete
NAME	GROSSMAN, RUTH	
STREET ADDRESS	804 MONTROSE DR #104	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MILLER, LORRAINE	
STREET ADDRESS	802 MONTROSE DR., #204	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BURNS, CHARLES W	
STREET ADDRESS	804 MONTROSE DR. #103	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GREEN, DEBBIE	
STREET ADDRESS	810B PINEBROOK RD.	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06
Date

Daytime Phone #