2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005
Secretary of State

DOCUMENT# N96000002523

Entity Name: OLD TOWN GARDEN VILLAS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

921 CENTER STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

87 SUMMER STREET
HINGHAM, MA 02043

New Mailing Address:

FEI Number: 65-0238291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STEELANDT, NAOMI V
915 CENTER ST
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CARTER, RICHARD
Address: 725 NEWPORT PL
City-St-Zip: ANN ARBOR, MI 48103

Title: TD ( ) Delete
Name: MCMANUS, JAMES
Address: 87 SUMMER STR
City-St-Zip: HINGHAM, MA 02043

Title: VD ( ) Delete
Name: ADELL, RAY
Address: 16 LONGACRE DR
City-St-Zip: HUNTINGTON, NY 11743

Title: D ( ) Delete
Name: POORE, RITA
Address: 6203 GENTILE LN
City-St-Zip: ALEXANDRIA, VA 22310

Title: D ( ) Delete
Name: STEELANDT, NAOMI V
Address: 915 CENTER ST
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CARTER, RICHARD
Address: 725 NEWPORT PL
City-St-Zip: ANN ARBOR, MI 48103

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: BUCKBEE, DIANE
Address: 417 MAIN ST
City-St-Zip: LYNNFIELD, MA 01940

Title: PD (X) Change ( ) Addition
Name: POORE, RITA
Address: 6203 GENTILE LN
City-St-Zip: ALEXANDRIA, VA 22310

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M MCMANUS TD 09/06/2005
Electronic Signature of Signing Officer or Director — Date