2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002523

FILED Aug 16, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

921 CENTER STREET KEY WEST, FL 33040

Current Mailing Address: New Mailing Address:

87 SUMMER STREET 832 E PLANTATION CIRCLE HINGHAM, MA 02043 PLANTATION, FL 33324

FEI Number: 65-0238291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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: Name and Address of New Registered Agent:

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

US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

CARTER, RICHARD CARTER, RICHARD Name: Name: 725 NEWPORT PL Address: 3360 PITVIEW Address: City-St-Zip: ANN ARBOR, MI 48103 City-St-Zip: ANN ARBOR, MI 48108

Title: TD Title: (X) Change () Addition () Delete

MCMANUS, JAMES Name: NIELSEN, JENS Name:

Address: 87 SUMMER STR Address: 832 E PLANTATION CIRCLE City-St-Zip: HINGHAM, MA 02043 City-St-Zip: PLANTATION, FL 33324

Title: () Delete Title: () Change () Addition

BUCKBEE, DIANE Name: Name: Address: 417 MAIN ST Address: City-St-Zip: LYNNFIELD, MA 01940 City-St-Zip:

(X) Change () Addition Title: PD () Delete Title: VD

Name: POORE, RITA Name: LORDITCH, JOE 2818 TERN DRIVE # 15 Address: 6203 GENTILE LN Address: City-St-Zip: ALEXANDRIA, VA 22310 City-St-Zip: OCEAN CITY, MD 21842

Title: () Delete Title: (X) Change () Addition

STEELANDT, NAOMI V ADELL, RAY V Name: Name: 915 CENTER ST 16 LONGACRE DRIVE Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: HUNTINGTON, NY 11743

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Ρ SIGNATURE: JENS M NIELSEN 08/16/2006