


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

04-17-2006 90357 017 ****61.25

DOCUMENT # N96000003939 1. Entity Name GARDENS II AT WATERSIDE VILLAGE ASSOCIATION, INC.	
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Principal Place of Business 3380 RUSTIC RD. NOKOMIS, FL 34275	Mailing Address 3380 RUSTIC RD. NOKOMIS, FL 34275
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DO NOT WRITE IN THIS SPACE



02232006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0686431	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'GRADY, CYNTHIA
PROFFESIONAL ASSOC. MGMT. SERVICE
3380 RUSTIC RD.
NOKOMIS, FL 34275

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IN THIS SPACE**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OGREN, SUE 204 SILVER LAKE DR, # 206 VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOLDEN, BETTY 203 SILVER LANE DR, # 101 VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLDEN, BETTY 203 SILVERLANE DR UNIT 101 VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD ELIE, BOB 203 SILVER LAKE DR, # 104 VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Robert S. Elie* 4/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #