

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003939

FILED
Apr 25, 2007
Secretary of State

Entity Name: GARDENS II AT WATERSIDE VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

3380 RUSTIC RD.
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

3380 RUSTIC RD.
NOKOMIS, FL 34275

New Mailing Address:

PO BOX 595
VENICE, FL 34284

FEI Number: 65-0686431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'GRADY, CYNTHIA
PROFFESIONAL ASSOC. MGMT. SERVICE
3380 RUSTIC RD.
NOKOMIS, FL 34275 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: OGREN, SUE
Address: 204 SILVER LAKE DR, # 206
City-St-Zip: VENICE, FL 34292

Title: VPD () Delete
Name: HOLDEN, BETTY
Address: 203 SILVER LN DR, # 101
City-St-Zip: VENICE, FL 34292

Title: STD () Delete
Name: HOLDEN, BETTY
Address: 203 SILVERLANE DR UNIT 101
City-St-Zip: VENICE, FL 34292

Title: TSD () Delete
Name: ELIE, BOB
Address: 203 SILVER LAKE DR, # 104
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

SIGNATURE: SUE OGREN

PD

04/25/2007

Electronic Signature of Signing Officer or Director

Date