

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90025 012 \*\*\*\*61.25

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # N96000003939</b>  |  |  |   |  |  |
| <b>1. Entity Name</b><br>GARDENS II AT WATERSIDE VILLAGE ASSOCIATION, INC.  |  |  |   |  |  |
| <b>Principal Place of Business</b><br>3380 RUSTIC RD.<br>NOKOMIS, FL 34275  |  |  | <b>Mailing Address</b><br>PO BOX 595<br>VENICE, FL 34284  |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>  |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |  |  |
| City & State  |  | City & State   |   | <b>4. FEI Number</b><br>65-0686431   |  |
| Zip   |  | Country  |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>O'GRADY, CYNTHIA<br>PROFFESIONAL ASSOC. MGMT. SERVICE<br>3380 RUSTIC RD.<br>NOKOMIS, FL 34275   |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |  |  |
| <b>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.</b>  |  |  |   |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>   |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                               |   |  |  |
| <b>TITLE</b><br>PD  | <b>NAME</b><br>OGREN, SUE  | <input checked="" type="checkbox"/> Delete   |   |  |  |
| <b>STREET ADDRESS</b><br>204 SILVER LAKE DR, # 206  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |   |  |  |
| <b>CITY-ST-ZIP</b><br>VENICE, FL 34292  |  |  |   |  |  |
| <b>TITLE</b><br>VPD   | <b>NAME</b><br>HOLDEN, BETTY   | <input type="checkbox"/> Delete  |   |  |  |
| <b>STREET ADDRESS</b><br>203 SILVER LN DR, # 101  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |   |  |  |
| <b>CITY-ST-ZIP</b><br>VENICE, FL 34292  |  |  |   |  |  |
| <b>TITLE</b><br>STD   | <b>NAME</b><br>HOLDEN, BETTY   | <input checked="" type="checkbox"/> Delete   |   |  |  |
| <b>STREET ADDRESS</b><br>203 SILVERLANE DR UNIT 101   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |   |  |  |
| <b>CITY-ST-ZIP</b><br>VENICE, FL 34292  |  |  |   |  |  |
| <b>TITLE</b><br>PD  | <b>NAME</b><br>ELIE, BOB   | <input type="checkbox"/> Delete  |   |  |  |
| <b>STREET ADDRESS</b><br>203 SILVER LAKE DR, # 104  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |  |
| <b>CITY-ST-ZIP</b><br>VENICE, FL 34292  |  |  |   |  |  |
| <b>TITLE</b><br>KORR, BOB STD   | <b>NAME</b><br>204 SILVER LAKE DR #105                                       | <input type="checkbox"/> Delete  |   |  |  |
| <b>STREET ADDRESS</b><br>VENICE FL 34292  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |   |  |  |
| <b>CITY-ST-ZIP</b>  |  |  |   |  |  |
| <b>TITLE</b>  | <b>NAME</b>  | <input type="checkbox"/> Delete  |   |  |  |
| <b>STREET ADDRESS</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |   |  |  |
| <b>CITY-ST-ZIP</b>  |  |  |   |  |  |
| <b>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 another like empowered.</b> |  |  |   |  |  |
| <b>SIGNATURE:</b> <u>Robert E. Elie</u> <span style="float: right;">2/28/08</span>  |  |  |   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |  |   |  |  |