

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90281 004 \*\*\*\*61.25

**DOCUMENT # N96000005194**



1. Entity Name  
**GARDEN HILLS PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**1401 PEACHTREE STREET SUITE 400 ATLANTA GA 30309**

2. Principal Place of Business 3. Mailing Address  
**7811 Delmont Loop Same**

City & State  
**Lakeland, FL**  
Zip Country  
**33810 Polk**

City & State  
Zip Country

4. FEI Number **58-1654664** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**SWEAT, WILLIAM A JR.  
2018 SOUTH FLORIDA AVENUE  
LAKELAND FL 33803**

**7. Name and Address of New Registered Agent**

Name **Elizabeth Wander**  
Street Address (P.O. Box Number is Not Acceptable) **7811 Delmont Loop**  
City **Lakeland** State **FL** Zip Code **33810**

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 **Elizabeth Wander**  
Signature, typed or printed name of registered agent and title if applicable.

**4-19-03**  
DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SIMPSON, A. BOYD</b>	
STREET ADDRESS	<b>1401 PEACHTREE STREET, SUITE 400</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30309</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HARDY, CHRISTOPHER D</b>	
STREET ADDRESS	<b>1401 PEACHTREE STREET, SUITE 400</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30309</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SWEAT, WILLIAM A JR.</b>	
STREET ADDRESS	<b>1401 PEACHTREE STREET, SUITE 400</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30309</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Wisneski, Scott</b>	
STREET ADDRESS	<b>7811 Delmont Loop</b>	
CITY-ST-ZIP	<b>Lakeland, FL 33810</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Elizabeth Wander</b>	
STREET ADDRESS	<b>7811 Delmont Loop</b>	
CITY-ST-ZIP	<b>Lakeland, FL 33810</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Keister, Chuck</b>	
STREET ADDRESS	<b>7882 Delmont Loop</b>	
CITY-ST-ZIP	<b>Lakeland, FL 33810</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: **SIGNATURE REQUIRED** **4-19-03** **(863) 859-5725**

CR2E037 (10/02)