


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90327 003 \*\*\*\*61.25

<b>DOCUMENT # N97000004498</b>					
1. Entity Name <b>GARDENS III OF ST. ANDREWS ASSOCIATION, INC.</b>					
Principal Place of Business <b>153 CENTER RD VENICE, FL 34285</b>			Mailing Address <b>C/O ARGUS PROPERTY MGMT 153 CENTER RD VENICE, FL 34285</b>		
2. Principal Place of Business			3. Mailing Address <b>153 CENTER ROAD</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>VENICE FL</b>			4. FEI Number <b>59-3462593</b>		
Zip <b>34285</b>			Country <b>US</b>		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>		
6. Name and Address of Current Registered Agent  <b>ARGUS PROPERTY MGMT 153 CENTER RD VENICE, FL 34285</b>			7. Name and Address of New Registered Agent  Name <b>ARGUS MANAGEMENT OF VENICE, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>153 CENTER ROAD</b> City <b>VENICE</b> FL Zip Code <b>34285</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.  SIGNATURE <u>SHAUN O'GRADY C.A.M.</u> <span style="float: right;">02/01/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 <input type="checkbox"/> Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANZEN, GARY 813 MONTROSE DR., #203 VENICE, FL 34293 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RALPH CARRANO 813 MONTROSE DR. #204 VENICE, FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCOSKY, JANE 813 MONTROSE DR., #104 VENICE, FL 34293 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACK ZIMMERMAN 811 MONTROSE DR. #102 VENICE, FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KRENGEL, THOMAS 815 MONTROSE DR #204 VENICE, FL 34293 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DENNIS McCOSKY 813 MONTROSE DR. #104 VENICE, FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GREEN, DEBBIE 810-B PINEBROOK RD VENICE, FL 34285 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Jack Zimmerman</u> <span style="float: right;">4/5/06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					