


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90010 014 ****61.25

| | | | | | |
|---|------------------------------|--|--|---|--|
| DOCUMENT # N97000004498 | | | |  | |
| 1. Entity Name GARDENS III OF ST. ANDREWS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 181 CENTER RD VENICE, FL 34285 US | | | Mailing Address 181 CENTER RD VENICE, FL 34285 US | | |
| 2. Principal Place of Business - No P.O. Box # 811- 817 MONTROSE DR | | | 3. Mailing Address 910 ANTARES GROUP | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. PMB 4195 S. TAMIAH TRL 173 | | |
| City & State VENICE, FLORIDA | | | City & State VENICE, FLORIDA | | |
| Zip 34293 | | Country USA | | 4. FEI Number 59-3462593 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ARGUS MANAGEMENT OF VENICE, INC. 181 CENTER DR VENICE, FL 34285 | | | | 7. Name and Address of New Registered Agent Name ANTARES GROUP, INC Street Address (P.O. Box Number is Not Acceptable) 530 US 41 BYPASS UNIT 6B City VENICE FL Zip Code 34285 | |
| 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>Cynthia A. Kromewaker</u> 02.06.08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| * Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CARRANO, RALPH | | NAME | JOHN LUCHANSKY | |
| STREET ADDRESS | 813 MONTROSE DRIVE SUITE 204 | | STREET ADDRESS | 811 MONTROSE DR # 103 | |
| CITY- ST- ZIP | VENICE, FL 34293 | | CITY- ST- ZIP | VENICE, FL 34293 | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZIMMERMAN, JACK | | NAME | JACK ZIMMERMAN | |
| STREET ADDRESS | 811 MONTROSE DRIVE SUITE 102 | | STREET ADDRESS | 811 MONTROSE DR # 102 | |
| CITY- ST- ZIP | VENICE, FL 34293 | | CITY- ST- ZIP | VENICE, FL 34293 | |
| TITLE | STD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCOSKY, DENNIS | | NAME | | |
| STREET ADDRESS | 813 MONTROSE DRIVE SUITE 104 | | STREET ADDRESS | | |
| CITY- ST- ZIP | VENICE, FL 34293 | | CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| 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 W. Zimmerman</u> | | JACK W. ZIMMERMAN | | 2/11/08 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |