

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000005088						FILED 06 APR 26 PM 2:39 HALL COUNTY, FLORIDA	
1. Entity Name FRIENDS OF WASHINGTON OAKS STATE GARDENS, INC.				Principal Place of Business 6400 N OCEAN SHORE BLVD PALM COAST, FL 32137			
Mailing Address 6400 N OCEAN SHORE BLVD PALM COAST, FL 32137							
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04122006 Chg-NP CR2E037 (11/05)			
City & State		City & State		4. FEI Number 59-3546523		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent LOUTTIT, RICHARD T C/O FRIENDS OF WASHINGTON OAKS 6400 N. OCEANSHORE BLVD PALM COAST, FL 32137			
7. Name and Address of New Registered Agent Name Robert Bouck, President Street Address (P.O. Box Number is Not Acceptable) 52 Jasmine Drive City Palm Coast, FL Zip Code 32137				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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				Robert Bouck <small>(NOTE: Registered Agent signature required when reinstating)</small>		4/11/06 <small>DATE</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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE T <input type="checkbox"/> Delete NAME NICHOLS, CAROL STREET ADDRESS 69 S. DIXIE HIGHWAY CITY-ST-ZIP ST. AUGUSTINE, FL 32095				TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Bouck, Robert STREET ADDRESS 52 Jasmine Drive CITY-ST-ZIP Palm Coast, FL 32137			
TITLE PD <input checked="" type="checkbox"/> Delete NAME LOUTTIT, RICHARD T STREET ADDRESS 52 NANTUCKET DRIVE CITY-ST-ZIP PALM COAST, FL 321372529				TITLE Vice President, <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Perry, Nancy STREET ADDRESS 821 Kalli Creek Lane CITY-ST-ZIP st. Augustine, FL 32080			
TITLE SD <input type="checkbox"/> Delete NAME GAWTHROP, SHELIA STREET ADDRESS 2401 SWORDFISH LN CITY-ST-ZIP EDGEWATER, FL 32141				TITLE BOD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Conner, Tim STREET ADDRESS 2 Jungle Hut Rd, Suite #1 CITY-ST-ZIP Palm Coast, FL 32137			
TITLE D <input type="checkbox"/> Delete NAME SULSER, JUDY STREET ADDRESS 11 CRAMPTON COURT CITY-ST-ZIP PALM COAST, FL 32137				TITLE BOD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Searles, Sharon STREET ADDRESS 3 Avenue Monet CITY-ST-ZIP Palm Coast, FL 32137			
TITLE D <input checked="" type="checkbox"/> Delete NAME BOUCK, BOB STREET ADDRESS 17 FRONT STREET CITY-ST-ZIP PALM COAST, FL 32137				TITLE BOD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Ellis, Joy STREET ADDRESS 85 Ocean Oaks Lane CITY-ST-ZIP Palm Coast, FL 32137			
TITLE V <input checked="" type="checkbox"/> Delete NAME EWALD, SUE STREET ADDRESS 39 ANDOVER DR CITY-ST-ZIP PALM COAST, FL 32137				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 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 persons empowered.							
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Robert Bouck		4/11/06 <small>Date</small>	
						386-446-6783 <small>Daytime Phone #</small>	



Jeb Bush
Governor

Department of Environmental Protection

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

Colleen M. Castille
Secretary

April 24, 2006

Mr. Sean Toner
Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, Florida 32399

Dear Mr. Toner:

This letter is to certify to you that the Friends of Washington Oaks State Gardens, Inc. is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122, this filing is exempt from any fees when certified by this department.

After filing, please return certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 245-3098.

Sincerely,

Mike Bullock
Director
Florida Park Service

MB/pwf

Attachments