

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90067 049 \*\*\*\*61.25

<b>DOCUMENT # N98000006445</b> 1. Entity Name <b>GARDNER OAKS PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3190 GARDNER OAKS LANE LAKELAND, FL 33810</b>			Mailing Address <b>3190 GARDNER OAKS LANE LAKELAND, FL 33810</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>2270 GRIFFIN ROAD</b> <b>#431</b>		 01262006 Chg-NP CR2E037 (11/05)	
City & State <b>LAKELAND, FL</b>		City & State <b>LAKELAND, FL</b>			
Zip <b>33810-5565</b>		Zip <b>33810-5565</b>			
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>			
4. FEI Number <b>59-3698792</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JOHN PARIGROS</b> <b>3240 GARDNER OAKS LN</b> <b>LAKELAND, FL 33810</b>			7. Name and Address of New Registered Agent Name <b>CHARLES E. BRADLEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>3214 GARDNER OAKS LANE</b> City <b>LAKELAND</b> FL <b>33810</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 <b>CHARLES E. BRADLEY</b> <b>3-6-2006</b> <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</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BRIGHTWELL, SCOTT 3161 GARDNER OAKS LANE LAKELAND, FL 33810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRADLEY, CHARLES 3214 GARDNER OAKS LN LAKELAND, FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARIGROS, JOHN 3240 GARDNER OAKS LANE LAKELAND, FL 33810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DONOVAN, JAMES 3225 GARDNER OAKS LN LAKELAND, FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRIGHTWELL, DEBI 3161 GARDNER OAKS LANE LAKELAND, FL 33810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DONOVAN, VICKY 3225 GARDNER OAKS LN LAKELAND, FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TAPLEY, JERI 3190 GARDNER OAKS LN LAKELAND, FL 33810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEBOEUF, GERI 3169 GARDNER OAKS LN LAKELAND, FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, IKE 3215 GARDNER OAKS LANE LAKELAND, FL 33810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAHL, VICKI 3131 GARDNER OAKS DR LAKELAND, FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKEY, RON 3151 GARDNER OAKS LANE LAKELAND, FL 33810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, WILLIAM 3105 GARDNER OAKS DR LAKELAND, FL 33810	<input type="checkbox"/> Change <input checked="" 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: <b>JERI TAPLEY</b> <b>3-5-06</b> <b>(813)859-9798</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					