


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90253 046 \*\*\*\*61.25

<b>DOCUMENT # N98000006543</b>	
1. Entity Name <b>GARDENS IV AT WATERSIDE VILLAGE ASSOCIATION, INC.</b>	

Principal Place of Business <b>MANAGEMENT SERVICES 3380 RUSTIC RD. NOKOMIS, FL 34275</b>	Mailing Address <b>3380 RUSTIC RD. NOKOMIS, FL 34275</b>
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**20044755**



2. Principal Place of Business		3. Mailing Address <b>P.O. Box 595</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>VENICE, FL</b>	
Zip	Country	Zip	Country
		<b>34284</b>	<b>USA</b>

04092005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0876767</b>		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		7. Name and Address of New Registered Agent	
<b>THE MANAGEMENT SERVICES OF VENICE 3380 RUSTIC RD. NOKOMIS, FL 34275</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

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 *Cynthia O. Myers* DATE 4/19/05

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$81.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIELD, BILL <input checked="" type="checkbox"/> Delete 404 LAUREL LAKE DR. # 204 VENICE, FL 34292	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MCLAGHLIN, JOHN 400 LAUREL LAKE DRIVE # 206 VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Delete MYERS, JOHN 400 LAUREL LAKE DR. # 201 VENICE, FL 34292	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition OLSEN, ARNOLD 402 LAUREL LAKE DRIVE # 205 VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete GINGERS, TRUDY 402 LAUREL LAKE DR. # 104 VENICE, FL 34292	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MILLER, DAVID 400 LAUREL LAKE DRIVE # 106 VENICE, FL 34292
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
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 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: *John A. McLaghl* DATE 4/20/05 DAYTIME PHONE # 941/497-5102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR