


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90048 037 ****61.25

DOCUMENT # N98000006543 1. Entity Name GARDENS IV AT WATERSIDE VILLAGE ASSOCIATION, INC.					
Principal Place of Business MANAGEMENT SERVICES 3380 RUSTIC RD. NOKOMIS, FL 34275			Mailing Address PO BOX 595 VENICE, FL 34284		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0876767	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THE MANAGEMENT SERVICES OF VENICE 3380 RUSTIC RD. NOKOMIS, FL 34275				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD ALXANDER, DAVID 400 LAUREL LAKE DR SUITE 101 VENICE, FL 34292		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, DAVID 400 LAUREL LAKE DR. #106 VENICE, FL 34292	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OLSEN, ARNOLD 402 LAUREL LAKE DRIVE #205 VENICE, FL 34292		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALEXANDER, BONNIE 400 LAUREL LAKE DR SUITE 101 VENICE, FL 34292		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					