

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006543

FILED
Apr 17, 2009
Secretary of State

Entity Name: GARDENS IV AT WATERSIDE VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

MANAGEMENT SERVICES
3380 RUSTIC RD.
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

PO BOX 595
VENICE, FL 34284

New Mailing Address:

FEI Number: 65-0876767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE MANAGEMENT SERVICES OF VENICE
3380 RUSTIC RD.
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALXANDER, DAVID
Address: 400 LAUREL LAKE DR SUITE 101
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: MARSON, GLORIA
Address: 402 LAUREL LAKE DR. #103
City-St-Zip: VENICE, FL 34292

Title: STD () Delete
Name: ALEXANDER, BONNIE
Address: 400 LAUREL LAKE DR SUITE 101
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: MCLAUGHGIN, JACK
Address: 400 LAUREL LAKE DR # 206
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID ALEXANDER

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date