## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N99000003775**



FILED Apr 17, 2006 8:00 am Secretary of State

GARDENS V AT WATERSIDE VILLAGE ASSOCIATION, INC.								04-1 /-2006	9035/0	14 ****6	01.25
Principal Place of Business C/O MANAGEMENT SER 3380 RUSTIC RD NOKOMIS, FL 34275			Mailing Address C/O MANAGEMENT SER 3380 RUSTIC RD NOKOMIS, FL 34275					5880 1018 008A 008A 008		18 MIN MIN I	nitha da Gadi:
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02232006	Chg-NP	CR2E03	37 (11/05)		
City & State			City	& State			05 0057445			oplied For ot Applicable	
Zip		Country	Zip		Cou	untry	5. Certificate	of Status Desired		\$8.75 Ad Fee Require	
· · · · · · · · ·	6. Name	and Address of Current	Registere	d Agent		- Na	7. Name and	Address of New R	egistered /	Agent	
O'GRADY.	. CYNTHIA	<b>\</b>				Name					
3380 RUS NOKOMIS	TIC RD					Street Address (P.O. Box Number is Not Acceptable)					
						City	<del> </del>		FL	Zip Coo	le
8. The above	named entity	y submits this statement fo	or the purpo	ose of changing its	register	ed office or register	red agent, or bot	h, in the State of Flo		familiar with	and accept
	tions of regist							,			`
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SIGNATURE .	_/yn	then Oly	aden	<u> </u>							
	Signature, typed	or printed name of registered agent	and title if app	icable. (NOTS	Registere	ed Agent aignature required	d when reinstating)		DATE		1
	Signapare, typed	or printed name of registered agent	and title app				d when reinstating)	1			
	Filing Fe	or printed name of registered agent e is \$61.25 lay 1, 2006	and title if app	9. Election Can Trust Fund C	npaign F	Financing	\$5.00 May B Added to Fees		lake checi	k payable t	i i
10.	Filing Fe	e is \$61.25		9. Election Can Trust Fund C	npaign F	Financing tion.	\$5.00 May B Added to Fees	Fior	lake checi ida Depar	tment of S	itate
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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 attachmost with an address, with all other like empowered.

SIGNATURE:

Williams SIGNATURE AND TYPED OR PRINTED NAME OF

Daytime Phone #