2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000062466

City-St-Zip:

ORLANDO, FL 32835

Entity Name: THE GARDENS AT VILLAGE OF WINDERMERE, INC.

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1701 PARK CENTER DRIVE 7065 WESTPOINTE BLVD ORLANDO, FL 32835 SUITE 319 ORLANDO, FL 32835 **Current Mailing Address: New Mailing Address:** 1701 PARK CENTER DRIVE P. O. BOX 618147 ORLANDO, FL 32835 ORLANDO, FL 32861 US FEI Number: 59-3459455 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SIMBACK, KEN SIMBACK, KEN 1701 PARK CENTER DRIVE 7065 WESTPOINTE BLVD ORLANDO, FL 32835 SUITE 319 ORLANDO, FL 32835 US 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: 04/28/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition SEEBACH, JOSEPH W SEEBACH, JOSEPH W Name: Name: 1701 PARK CENTER DRIVE 7065 WESTPOINTE BLVD. SUITE 319 Address: Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: ORLANDO, FL 32835 Title: Title: () Delete (X) Change () Addition Name: AZZOUZ, KEVIN H Name: AZZOUZ, KEVIN H 1701 PARK CENTER DRIVE 7065 WESTPOINTE BLVD. SUITE 319 Address: Address: ORLANDO, FL 32825 ORLANDO, FL 32825 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition BALLINGER, DAVID A Name: Name: 3300 S. HIAWASSEE ROAD, SUITE 106 Address: Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: Title: () Delete Title: () Change () Addition GRAY, KEVIN E Name: Name: Address: 3300 S. HIAWASSEE ROAD, SUITE 106 Address:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: KEVIN H AZZOUZ D 04/28/2008