

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31946

Entity Name: THE GARDEN VILLAS AT GATOR TRACE OF ST. LUCIE
HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**4072 GATORTRACE ROAD
FORT PIERCE, FL 34982**Current Mailing Address:**4072 GATORTRACE ROAD
FORT PIERCE, FL 34982 US**FEI Number: 65-0191725****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COLBURN, JOAN A
4072 GATORTRACE ROAD
FORT PIERCE, FL 34982 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title AT LRG
Name MOORMAN, ROBIN
Address 4066 GATOR TRACE RD.
City-State-Zip: FORT PIERCE FL 34982Title SEC
Name MICAL, AGNES
Address 4067 GARDEN VILLAS CT
City-State-Zip: FORT PIERCE FL 34982Title AT LRG
Name CARMEN, RENALDY
Address 4069 GARDEN VILLAS CT
City-State-Zip: FORT PIERCE FL 34982Title TREAS
Name SCHWENZ, CLAIRE
Address 4059 GARDEN VILLAS CT
City-State-Zip: FORT PIERCE FL 34982Title PRES
Name COLBURN, JOAN
Address 4072 GATOR TRACE RD
City-State-Zip: FORT PIERCE FL 34982Title AT LRG
Name HUGHES, CAROL
Address 4037 GATOR TRACE ROAD
City-State-Zip: FORT PIERCE FL 34982Title AT LRG
Name LENNON, JAMES
Address 4062 GARDEN VILLAS CT
City-State-Zip: FORT PIERCE FL 34982

I hereby 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 all other like empowered.

SIGNATURE: ROBIN MOORMAN**BOARD MEMBER AT
LARGE****01/14/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date