

**2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N46241

Entity Name: GARDEN CITY RESORT HOMEOWNERS ASSOCIATION PHASE
I, INC.

Current Principal Place of Business:

1000 PINE HOLLOW PT.
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

1000 PINE HOLLOW PT.
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-3107803

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPECIALTY MANAGEMENT COMPANY OF CENTRAL FLORIDA
1000 PINE HOLLOW PT.
ALTAMONTE SPRINGS, FL 32714 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: BRETT M JORDAN

09/16/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name SOTO, OZZY
Address 1000 PINE HOLLOW PT.
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VP
Name VANNOY, ROBERT
Address 1000 PINE HOLLOW PT.
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title PRESIDENT
Name TORRES, JAVIER
Address 1000 PINE HOLLOW PT.
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name DYKHOUSE, GARY
Address 1000 PINE HOLLOW PT.
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR, SECRETARY
Name JOHN, JEBAILLEY
Address 1000 PINE HOLLOW PT.
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MANAGER
Name SPECIALTY MANAGEMENT COMPANY
 OF CENTRAL FLORIDA
Address 1000 PINE HOLLOW PT.
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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: BRETT M JORDAN

MANAGER

09/16/2025

Electronic Signature of Signing Officer/Director Detail

Date