

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001631

**FILED**  
**Jan 23, 2015**  
**Secretary of State**  
**CC8122628397**

**Entity Name:** SUNLAND GARDEN PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1790 NORTH 35TH STREET  
FT PIERCE, FL 34947

**Current Mailing Address:**

P.O. BOX 1473  
FORT PIERCE, FL 34950 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

GARDNER, EARL S  
1701 N. 35TH STREET  
FORT PIERCE, FL 34947 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:** EARL S GARDNER

01/23/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GARDNER, EARL S  
Address        1701 N. 35TH STREET  
City-State-Zip: FORT PIERCE FL 34947

Title            VP  
Name            LYLES, BEULAH  
Address        3804 AVE. K  
City-State-Zip: FT PIERCE FL 34947

Title            S  
Name            GARDNER, RUTH J  
Address        1701 N 35TH STREET  
City-State-Zip: FORT PIERCE FL 34947

Title            AS  
Name            MIMS, BRENDA  
Address        3512 AVE. L  
City-State-Zip: FORT PIERCE FL 34947

Title            T  
Name            MURPHY, LAZATHA  
Address        3403 AVENUE P  
City-State-Zip: FORT PIERCE FL 34947

Title            AT  
Name            POOLE, CYNTHIA  
Address        3701 AVE. S  
City-State-Zip: FORT PIERCE FL 34947

Title            PARLIAMENTARIAN  
Name            LOMAN, EMMA  
Address        1501 N. 35TH STREET  
City-State-Zip: FORT PIERCE FL 34947

*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:** RUTH J. GARDNER

**SECRETARY**

01/23/2015

Electronic Signature of Signing Officer/Director Detail

Date