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FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740648 (1)
1. Corporation Name
GARDEN PATIO VILLAS II ASSOCIATION, INC.



Principal Place of Business Mailing Address
560 ROCK ISLAND RD.
BOX 8
MARGATE FL 33063
560 ROCK ISLAND RD.
BOX 8
MARGATE FL 33063

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

3. Date Incorporated or Qualified

10/28/1977

4. FEI Number

59-1804003

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRATT, BERNICE
510 ROCK ISLAND RD
MARGATE FL 33063

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Bernice Pratt

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

24 Jan 98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PRATT, BEE
STREET ADDRESS 510 ROCK ISLD RD
CITY-ST-ZIP MARGATE FL
☐ DELETE

TITLE TD
NAME PEAKINS, ELAINE
STREET ADDRESS 510 ROCK ISLD RD
CITY-ST-ZIP MARGATE FL
☐ DELETE

TITLE VD
NAME PECORA JOE
STREET ADDRESS 560 ROCK ISLAND RD., VILLA # 7
CITY-ST-ZIP MARGATE FL 33063
☐ DELETE

TITLE D
NAME MARINO ANGIE
STREET ADDRESS 560 N. ROCK ISLAND RD., VILLA # 6
CITY-ST-ZIP MARGATE FL 33063
☐ DELETE

TITLE SD
NAME MAYER, ANNA
STREET ADDRESS 610 N. ROCK ISLAND
CITY-ST-ZIP MARGATE FL
☐ DELETE

TITLE D
NAME KEENAN, THOMAS
STREET ADDRESS 510 ROCK ISLAND RD VILLA #1
CITY-ST-ZIP MARGATE FL
☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bernice Pratt

24 Jan 98

CR2E037 (10/97)