


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 740648</b> 1. Entity Name - <b>GARDEN PATIO VILLAS II ASSOCIATION, INC.</b>					
Principal Place of Business <b>560 ROCK ISLAND RD. BOX 8 MARGATE FL 33063</b>		Mailing Address <b>560 ROCK ISLAND RD. BOX 8 MARGATE FL 33063</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1804003</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
<b>PECORA, JOSEPH 560 ROCK ISLAND RD VILLA #7 MARGATE FL 33063</b>		Name Street Address (P O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Joseph Pecora</i>		DATE <b>2/8/05</b>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PECORA, JOSEPH	NAME	UN0000226112		
STREET ADDRESS	560 ROCK ISLO RD VILLA #7	STREET ADDRESS	02/12/05-80002-018 61.25		
CITY - ST - ZIP	MARGATE FL 33063	CITY - ST - ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FEAKINS, ELAINE	NAME	UN0000226112		
STREET ADDRESS	510 ROCK ISLAND RD #7	STREET ADDRESS	02/12/05-80002-019 8.75		
CITY - ST - ZIP	MARGATE FL 33063	CITY - ST - ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRATT, BEE	NAME			
STREET ADDRESS	510 ROCK ISLAND RD VILLA #5	STREET ADDRESS			
CITY - ST - ZIP	MARGATE FL 33063	CITY - ST - ZIP			
TITLE	2V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIVERO, JOSE	NAME			
STREET ADDRESS	610 ROCK ISLAND RD #7	STREET ADDRESS			
CITY - ST - ZIP	MARGATE FL 33063	CITY - ST - ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAYER, ANNA	NAME			
STREET ADDRESS	610 ROCK ISLAND RD. #1	STREET ADDRESS			
CITY - ST - ZIP	MARGATE FL	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered					
SIGNATURE: <i>Joseph Pecora</i>		DATE: <b>2/8/05 (954) 978-2491</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					