

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **769540** (6)
 1. Corporation Name
GARDEN LAKES COMMUNITY ASSOCIATION, INC.

Principal Place of Business: **C/O AMI-CORONET MANAGEMENT 5899 WHITFIELD AVE., SUITE #107 SARASOTA FL 34243**
 Mailing Address: **C/O AMI-CORONET MANAGEMENT 5899 WHITFIELD AVE., SUITE #107 SARASOTA FL 34243**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/25/1983	3a. Date of Last Report 04/14/1994
4. FEI Number 59-2384093	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc	2b. Suite, Apt. #, etc
23. City & State	2c. City & State
24. Zip	2d. Country
25. Country	2e. Zip
26. Country	2f. Zip

9. Name and Address of Current Registered Agent
**ADVANCED MANAGEMENT OF SOUTHWEST FL INC
 5899 WHITFIELD AVE SUITE 107
 SARASOTA FL 34243**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NCINTOSH, JAMES
STREET ADDRESS	5811 GARDEN LAKES FERN
CITY - ST - ZIP	BRADENTON FL 34203
TITLE	VD
NAME	STAPP, JAMES
STREET ADDRESS	5803 GARDEN LAKES DR
CITY - ST - ZIP	BRADENTON FL 34203
TITLE	SD
NAME	BERSEY, FRANCES
STREET ADDRESS	5629 GARDEN LAKES DR
CITY - ST - ZIP	BRADENTON FL 34203
TITLE	TD
NAME	MOORE, ROBERT
STREET ADDRESS	5803 GARDEN LAKES MAJESTIC
CITY - ST - ZIP	BRADENTON FL 34203
TITLE	D
NAME	SMARI, JAMES
STREET ADDRESS	5704 GARDEN LAKES OAKS
CITY - ST - ZIP	BRADENTON FL 34203
TITLE	D
NAME	WHALEY, LEON
STREET ADDRESS	5324 GARDEN LAKES PALM
CITY - ST - ZIP	BRADENTON FL 34203

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY - ST - ZIP		
21. TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	MUSSO, DORIS	
23. STREET ADDRESS	5708 GARDEN LAKES PALM	
24. CITY - ST - ZIP	BRADENTON, FL 34203	
31. TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	GROLMES, JOSEPH	
33. STREET ADDRESS	5614 GARDEN LAKES MAJESTIC	
34. CITY - ST - ZIP	BRADENTON, FL 34203	
41. TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	PHILLIPS, IRWIN	
43. STREET ADDRESS	5516 GARDEN LAKES MAJESTIC	
44. CITY - ST - ZIP	BRADENTON, FL 34203	
51. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	LASH, AL	
53. STREET ADDRESS	5507 GARDEN LAKES OAK	
54. CITY - ST - ZIP	BRADENTON, FL 34203	
61. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	JANDOVITZ, JOHN	
63. STREET ADDRESS	5508 GARDEN LAKES OAK	
64. CITY - ST - ZIP	BRADENTON, FL 34203	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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: Doris Musso 4/25/95 753-4283
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Doris Musso PRESIDENT

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE \$130.00

**ANNUAL REPORT \$61.25 + \$68.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE**

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8
5. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) Fee is \$130.00

Block 1	Block 1 is preprinted with the corp of corporation cannot be changed	ADDITIONAL BOARD MEMBERS: 7 2/15/00	ly reported to our office. The name
Block 2	Enter the principal place of busine	D	rted, in Block 2.
Block 2a	If the computer-entered mailing a	SORGENFREI, ROBERT	CHANGE
Block 3	Enter the date of incorporation or	5728 GARDEN LAKES PALM	ceptable.
Block 3a	Enter the file date of the last filed	BRADENTON, FL 34203	
Block 4	Complete Block 4 by entering you now provide the FEI number. For		is preprinted in Block 4, you must
Block 5	Should you desire a certificate ref fee.	D	ide an additional \$8.75 with your filing
Block 6	Florida law allows for a voluntary and members of the Cabinet. If yc	NESTON, TINTV	mpaigns for the offices of the Governor
Block 7	If this corporation is a non-profit is not subject to the \$68.75 suppl corporation fee. Please direct all	5606 - 37th ST. E	CHANGE
Block 7		BRADENTON, FL 34203	ease check the box. The corporation tions must pay the supplemental
Block 8	Check the appropriate box. Please	D	
Block 9	The law requires that each corpor in Block 10. There is no additiona	NOCCO, JOSEPH	CHANGE
Block 10	Enter name of new Registered Ag THE CORPORATION CANNOT BE	5721 GARDEN LAKES FERN	NOT acceptable for service of process.
Block 11	The new registered agent must in signing in Block 11. No signature their position with the corporatio	BRADENTON, FL 34203	nd this appointment by completing and oration. the person signing must state
Block 12	Block 12 contains the last inform block 13. If there is no change in		rections or additions are to be made in
Block 13	Block 13 is for changes or additions to the existing Officers/Directors in Block 12. Changes must be typed or printed and legible. Use the following type symbols on the title line: P=President; V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D. A NON-PROFIT CORPORATION MUST LIST THREE (3) DIRECTORS OR TRUSTEES WITH THEIR STREET ADDRESSES. THE LETTER "D" or "T" MUST BE PLACED BY THE NAME OF EACH DIRECTOR. NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Section 119.07(k), Florida Statutes, an alternate address must be provided. Officers/Directors must list street addresses. If there is no street address, enter the mailing address and "N/A".		
Block 14	This report must be signed in Block 14 with an original signature by either the President, Vice President, Secretary, Treasurer or Director of the Corporation that is listed in Block 12, Block 13 if a change, or on an attachment with a street address. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 14 is unacceptable.		

Send only 1995 Preprinted Annual Reports with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

Send all other filings and correspondence to this address:

Annual Reports Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314
Street Address (Overnight Delivery):
409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the proscribed time frame.