

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 769540 (6)

1. Corporation Name  
**GARDEN LAKES COMMUNITY ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified **07/25/1983** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **5499-37<sup>th</sup> St East** 26 **200 S. WASHINGTON BLVD**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Box 16** 27 **SUITE 4**  
City & State City & State  
23 **BRADENTON, FL** 28 **SARASOTA, FL**  
Zip Country Zip Country  
24 **34203** 25 **MANATEE** 29 **34236** 30 **SARASOTA**

4. FEI Number **59-2384093** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ADVANCED MANAGEMENT OF SOUTHWEST FL INC**  
5899 WHITFIELD AVE SUITE 107  
SARASOTA FL 34243

81 Name **MA-CON, INC**  
82 Street Address (P.O. Box Number is Not Acceptable) **200 S. WASHINGTON BLVD #4**  
83  
84 City **SARASOTA** FL 85 Zip Code **34236**

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 *Warren Weil* **WARREN WEIL** DATE **4/24/96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>NCINTOSH, JAMES</b>
STREET ADDRESS	<b>5811 GARDEN LAKES FERN</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	<b>MUSSO, DORIS</b>
STREET ADDRESS	<b>5708 GARDEN LAKES PALM</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	<b>GROLMES, JOSEPH</b>
STREET ADDRESS	<b>5614 GARDEN LAKES MAJESTIC</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	<b>PHILLIPS IRWIN</b>
STREET ADDRESS	<b>5516 GARDEN LAKES MAJESTIC</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>LASH, AL</b>
STREET ADDRESS	<b>5507 GARDEN LAKES OAK</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>JANDOVITZ, JOHN</b>
STREET ADDRESS	<b>5508 GARDEN LAKES OAK</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Mary G. Weston</b>
1.3 STREET ADDRESS	<b>5629 Garden Lakes Drive</b>
1.4 CITY-ST-ZIP	<b>Bradenton, FL 34203</b>
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Joseph Nocco</b>
2.3 STREET ADDRESS	<b>5721 Garden Lakes Fern</b>
2.4 CITY-ST-ZIP	<b>Bradenton, FL 34203</b>
3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Sue Miller</b>
3.3 STREET ADDRESS	<b>5636 Garden Lakes Palm</b>
3.4 CITY-ST-ZIP	<b>Bradenton, FL 34203</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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: *Mary G. Weston* DATE **4/24/96** DAYTIME PHONE # **(941) 366-8480**  
SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)