

# 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

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 **5499-37th St East**

26 **200 S. WASHINGTON BLVD**

4. FEI Number  
**59-2384093**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
**Box 16**

27 Suite, Apt. #, etc.  
**SUITE 4**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State  
**BRADENTON, FL**

28 City & State  
**SARASOTA, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip  
**34203**

Country  
**FLORIDA**

29 Zip  
**34236**

Country  
**SARASOTA**

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**

**4/24/96**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mary G. Weston	
1.3 STREET ADDRESS	5629 Garden Lakes Drive	
1.4 CITY-ST-ZIP	Bradenton, FL 34203	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Joseph Nocco	
2.3 STREET ADDRESS	5721 Garden Lakes Fern	
2.4 CITY-ST-ZIP	Bradenton, FL 34203	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sue Miller	
3.3 STREET ADDRESS	5636 Garden Lakes Palm	
3.4 CITY-ST-ZIP	Bradenton, FL 34203	
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/96 (941) 366-8480**  
Date Daytime Phone #

CR2E037 (12/95)