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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769540 (6)
1. Corporation Name
GARDEN LAKES COMMUNITY ASSOCIATION, INC.



Principal Place of Business 5499 97TH ST. E BOX 16 BRADENTON FL 34203 US	Mailing Address 200 S WASHINGTON BLVD. SUITE 4 SARASOTA FL 34236-6957 US
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3. Date Incorporated or Qualified 07/25/1983	3a. Date of Last Report 04/30/1996
4. FEI Number 59-2384093	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**MA-CON, INC.
200 S. WASHINGTON BLVD.
SUITE 4
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	NCINTOSH, JAMES	
STREET ADDRESS	5811 GARDEN LAKES FERN	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JOSEPH NOCCO	
STREET ADDRESS	5721 GARDEN LAKES FERN	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SUE MILLER	
STREET ADDRESS	5636 GARDEN LAKES PLAM	
CITY-ST-ZIP	BRADENTON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARY G. WESTON	
STREET ADDRESS	5629 GARDEN LAKES DR	
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		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DECKER, MAX	
1.3 STREET ADDRESS	5536-37E ST. E.	
1.4 CITY-ST-ZIP	BRADENTON, FL, 34203	
2.1 TITLE	MAVP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MUSSO, DORIS	
2.3 STREET ADDRESS	5708 GARDEN LAKES PALM	
2.4 CITY-ST-ZIP	BRADENTON, FL 34203	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MCKENZIE, LETTICE	
4.3 STREET ADDRESS	3605 GARDEN LAKES CLENET	
4.4 CITY-ST-ZIP	BRADENTON, FL 34203	
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 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.

LETITIA MCKENZIE (601) 211 8980

CR2E037 (9/96)