

5-6-98 B to 64 - C  
**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

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



Principal Place of Business		Mailing Address	
<b>8499 37TH ST. E          BOX 18          BRADENTON FL 34203          US</b>		<b>200 S WASHINGTON BLVD.          SUITE 4          SARASOTA FL 34236          US</b>	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Country
25	Country	30	Country

3. Date Incorporated or Qualified	<b>07/25/1983</b>
4. FEI Number	<b>59-2384093</b>
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

**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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b>	1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DECKER, MAX</b>	1.2 NAME	<b>David Essenfeld</b>
STREET ADDRESS	<b>5536 37TH ST E</b>	1.3 STREET ADDRESS	<b>5603 Garden Lakes Majestic</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	1.4 CITY-ST-ZIP	<b>Bradenton, FL 34203</b>
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUSSO, DORIS</b>	2.2 NAME	<b>Tinty Weston</b>
STREET ADDRESS	<b>5708 GARDEN LAKES PALM</b>	2.3 STREET ADDRESS	<b>5629 Garden Lakes Drive</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	2.4 CITY-ST-ZIP	<b>Bradenton, FL 34203</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUE MILLER</b>	3.2 NAME	<b>Dulcie Tracy</b>
STREET ADDRESS	<b>5836 GARDEN LAKES PLAM</b>	3.3 STREET ADDRESS	<b>5638 Garden Lakes Palm</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	3.4 CITY-ST-ZIP	<b>Bradenton, FL 34203</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCKENZIE, LETTICE</b>	4.2 NAME	<b>George Cumming</b>
STREET ADDRESS	<b>3805 GARDEN LAKES CLENET</b>	4.3 STREET ADDRESS	<b>5715 Garden Lakes Palm</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	4.4 CITY-ST-ZIP	<b>Bradenton, FL 34203</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LASH, AL</b>	5.2 NAME	
STREET ADDRESS	<b>5507 GARDEN LAKES OAK</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *David M. Essenfeld* **DAVID M. ESSENFELD** 4/21/98 941-751-5743

CPE037 (1097)