

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769540

1. Entity Name
GARDEN LAKES COMMUNITY ASSOCIATION, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90123 026 ****61.25

Principal Place of Business
**5499 37TH ST. E
BOX 16
BRADENTON FL 34203
US**

Mailing Address
**200 S WASHINGTON BLVD.
SUITE 4
SARASOTA FL 34236-6957
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
**2198 PRINCETON ST.
#20
SARASOTA
Zip 34237**

Country

4. FEI Number **59-2384093**

Applied For
Not Applicable

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

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Bpx Number is Not Acceptable)
**2198 PRINCETON ST.
STE #20**
City **SARASOTA** FL Zip Code **34237**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

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

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ESSENFELD, D	
STREET ADDRESS	5603 GARDEN LAKES MAJESTIC	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WESTON, T	
STREET ADDRESS	5629 GARDEN LAKES DR	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DULCIE, T	
STREET ADDRESS	5638 GARDEN LAKES PALM	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUMMING, G	
STREET ADDRESS	5715 GARDEN LAKES PALM	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE NOCCO	
STREET ADDRESS	5721 GARDEN LAKES FERN	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUSSO, DORIS	
STREET ADDRESS	5708 GARDEN LAKES PALM	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **March 1, 2000** 941-757-5743
Daytime Phone #

CR2E037 (9/99)