

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 # **N11035** (5)

1. Corporation Name

GARDEN LAKES VILLAGE 3 ASSOCIATION, INC.



Principal Place of Business: C/O MA-CON, INC, 200 S. WASHINGTON BLVD #4, SARASOTA FL 34236
Mailing Address: C/O MA-CON, INC, 200 S. WASHINGTON BLVD #4, SARASOTA FL 34236

3. Date Incorporated or Qualified: **09/10/1985**
3a. Date of Last Report: **04/17/1995**
4. FEI Number: **59-2770989**
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

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

9. Name and Address of Current Registered Agent
WEIL, WARREN
200 S WASHINGTON BLVD 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: **FL**
85 Zip Code

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	VPD OTIS, WILLIAM	1.1 TITLE	PD YOUNGER, LEN
NAME	5720 GARDEN LAKES FERN	1.2 NAME	5709 Garden Lakes Fern
STREET ADDRESS	BRADENTON FL	1.3 STREET ADDRESS	Bradenton, FL 34203
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD OXLEY, JOHN	2.1 TITLE	VD
NAME	5716 GARDEN LAKES FERN	2.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	BRADENTON FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE	D GOODWIN, LES	3.1 TITLE	T TOM HAAG
NAME	5707 GARDEN LAKES FERN	3.2 NAME	5718 GARDEN LAKE MAJESTIC
STREET ADDRESS	BRADENTON FL	3.3 STREET ADDRESS	BRADENTON, FL 34203
CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D SLOAN, JOHN	4.1 TITLE	D HUGH VEST
NAME	3608 GARDEN LAKES IVY	4.2 NAME	5704 GARDEN LAKES FERN
STREET ADDRESS	BRADENTON FL	4.3 STREET ADDRESS	BRADENTON, FL 34203
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	PD GAUTHIER, LEE	5.1 TITLE	D WILLIAM CLARK
NAME	5711 GARDEN LAKES FERN	5.2 NAME	3607 GARDEM LAKES IVY
STREET ADDRESS	BRADENTON FL	5.3 STREET ADDRESS	BRADENTON, FL 34203
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D MARLATI, WARD	6.1 TITLE	SD ROBERT SCHATZ
NAME	5706 GARDEN LAKES FERN	6.2 NAME	5716 GARDEN LAKES FERN
STREET ADDRESS	BRADENTON FL	6.3 STREET ADDRESS	BRADENTON, FL 34203
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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(5)(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: Thomas R Haag THOMAS R HAAG Date: 4-24-96 941-755-5188 Daytime Phone #

CR2E037 (12/95)