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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90119 027 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11035
 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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 09/10/1985	4. FEI Number 59-2770989	Applied For 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		

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD YOUNGER, LEN 5709 GARDEN LAKES FERN BRADENTON FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D ENRRIQUE, FIERRENS 5718 GARDEN LAKES FERN BRADENTON FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPD GOODWIN, LES 5707 GARDEN LAKES FERN BRADENTON FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D HUGH VEST 5704 GARDEN LAKES FERN BRADENTON FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	JOSEPH NOCCO
STREET ADDRESS		4.3 STREET ADDRESS	5721 GARDEN LAKES FERN
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	D SHARPS, HOWARD 5717 GARDEN LAKES MAJESTIC BRADENTON FL	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	TOM HAAG
STREET ADDRESS		5.3 STREET ADDRESS	5718 GARDEN LAKES MAJESTIC
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	SD ROBERT SCHATZ 5716 GARDEN LAKS FERN BRADENTON FL	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, with all other like empowered.

SIGNATURE: Si. Leonard E. Spangenberg Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)