


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90023 046 \*\*\*\*61.25

<b>DOCUMENT # N11035</b> 1. Entity Name <b>GARDEN LAKES VILLAGE 3 ASSOCIATION, INC.</b>	
---	---

Principal Place of Business C/O MA-CON, INC. 2198 PRINCETON ST #20 SARASOTA FL 34237	Mailing Address C/O MA-CON, INC. 2198 PRINCETON ST #20 SARASOTA FL 34237
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-2770989</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  <b>WEIL, WARREN MA-CON INC 2198 PRINCETON ST #20 SARASOTA FL 34237</b>
--

<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
--

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
---	------------------------------------


**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARR, MARY LEE 3611 GARDEN LAKES IVY BRADENTON FL 34203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOWRY, WILLIAM 5719 GARDEN LAKES MAJESTIC BRADENTON FL 34203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIMON, ANNETTE 5707 Garden Lakes Fern Bradenton, FL 34203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MENZ, GILBERT 36068 GARDEN LAKES IVY BRADENTON FL 34203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JONES, MAHLON 3609 Garden Lakes Ivy Bradenton, FL 34203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JURCY, EDWARD 5715 GARDEN LAKES MAJESTIC BRADENTON FL 34203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OTIS, RAMONA 5720 Garden Lakes Fern Bradenton, FL 34203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUSER, ROBERT 5708 GARDEN LAKES FERN BRADENTON FL 34203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTIN, CHARLES 5705 Garden Lakes Fern Bradenton, FL 34203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOCCO, JOSEPH 5721 Garden Lakes Fern Bradenton, FL 34203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Charles Martin Tres Charles Martin 4/4/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # N11035</b> 1. Entity Name <b>GARDEN LAKES VILLAGE 3 ASSOCIATION, INC.</b>	
---	---

Principal Place of Business C/O MA-CON, INC 2198 PRINCETON ST #20 SARASOTA FL 34237	Mailing Address C/O MA-CON, INC 2198 PRINCETON ST #20 SARASOTA FL 34237
--	--

40049205



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent  <b>WEIL, WARREN MA-CON INC 2198 PRINCETON ST #20 SARASOTA FL 34237</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
---	---

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. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input type="checkbox"/> Delete <b>FARR, MARY LEE</b> <b>3611 GARDEN LAKES IVY</b> <b>BRADENTON FL 34203</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>THERIAULT, LEONARD</b> <b>5714 Garden Lakes Fern</b> <b>Bradenton, FL 34203</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input type="checkbox"/> Delete <b>LOWRY, WILLIAM</b> <b>5719 GARDEN LAKES MAJESTIC</b> <b>BRADENTON FL 34203</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input type="checkbox"/> Delete <b>MENZ, GILBERT</b> <b>36068 GARDEN LAKES IVY</b> <b>BRADENTON FL 34203</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>JURCY, EDWARD</b> <b>5715 GARDEN LAKES MAJESTIC</b> <b>BRADENTON FL 34203</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HAUSER, ROBERT</b> <b>5708 GARDEN LAKES FERN</b> <b>BRADENTON FL 34203</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Daytime Phone #