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**Apr 17 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19924 (2)

1. Corporation Name
GARNIER'S CAY PHASE II OWNERS ASSOCIATION, INC.



Principal Place of Business 285 SHALIMAR DR SHALIMAR FL 32579 US	Mailing Address P.O. BOX 517 SHALIMAR FL 32579
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3. Date Incorporated or Qualified 04/02/1987	
4. FEI Number 58-1736695	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 267 Shalimar Dr.	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Shalimar, FL	City & State 28
Zip 24 32579	Country 25 US
	Country 30

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
7. Is this nonprofit corporation a homeowners association? <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MONTAGUE, HARRY V.
285 SHALIMAR DRIVE
SHALIMAR FL 32579**

10. Name and Address of New Registered Agent

81 Name LeRoy G. Pimental		
82 Street Address (P.O. Box Number is Not Acceptable) 267 Shalimar Dr.		
83		
84 City Shalimar	85 State FL	86 Zip Code 32579

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: *LeRoy G. Pimental* DATE: **3/25/98**

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

12. OFFICERS AND DIRECTORS

TITLE PD	NAME MONTAGUE, HARRY V.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 285 SHALIMAR DRIVE		
CITY-ST-ZIP SHALIMAR FL		
TITLE TD	NAME DRYE, JOANNE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 287 SO HALIMAR DR		
CITY-ST-ZIP SHALIMAR FL		
TITLE VP and Director	NAME SMITH, MILES	<input type="checkbox"/> DELETE
STREET ADDRESS 295 SHALIMAR DRIVE		
CITY-ST-ZIP SHALIMAR FL		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President and Dir. (PD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME LeRoy G. Pimental	
1.3 STREET ADDRESS 267 Shalimar Dr.	
1.4 CITY-ST-ZIP Shalimar, FL 32579	
2.1 TITLE Treasurer and Dir. (TD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME FRED M. PUERTI	
2.3 STREET ADDRESS 273 SHALIMAR DR	
2.4 CITY-ST-ZIP SHALIMAR, FL 32579	
3.1 TITLE m/c	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *LeRoy G. Pimental* (Pimental) DATE: **3/3/98** TELEPHONE: **850-651-7923**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF2E037 (10/97)