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Secretary of State

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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 # N19924

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

Principal Place of Business 267 SHALIMAR DR SHALIMAR FL 32579 US	Mailing Address P.O. BOX 517 SHALIMAR FL 32579
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21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/02/1987
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 58-1736695
23 City & State	27 City & State	Applied For <input checked="" type="checkbox"/> Not Applicable
24 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25 Country	29 Country	30 Country
9. Name and Address of Current Registered Agent		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 PIMENTOL, LEROY G 267 SHALIMAR DR SHALIMAR FL 32579	81 Name	10. Name and Address of New Registered Agent	
	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 _____ 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 PIMENTOL, LEROY G 2677 SHALIMAR DR SHALIMAR FL 32599 <i>Typed</i>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	267 Shalimar Drive
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD PRUETT, FRED M <i>Incorrect name</i>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Pugh, Fred M.
STREET ADDRESS	273 SHALIMAR DR	2.3 STREET ADDRESS	273 Shalimar Dr.
CITY-ST-ZIP	SHALIMAR FL 32579	2.4 CITY-ST-ZIP	Shalimar, FL 32579
TITLE	MC <i>Deceased</i>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, MILES	3.2 NAME	Bates, Hubert
STREET ADDRESS	295 SHALIMAR DRIVE	3.3 STREET ADDRESS	239 Shalimar Dr
CITY-ST-ZIP	SHALIMAR FL	3.4 CITY-ST-ZIP	Shalimar, FL 32579
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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: _____ **SIGNATURE REQUIRED** *4/12/99* *850/651-8009*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037_(11/98)