

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90231 006 \*\*\*\*61.25

**DOCUMENT # N19924**

1. Entity Name

**GARNIER'S CAY PHASE II OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

267 SHALIMAR DR  
SHALIMAR FL 32579  
US

P.O. BOX 517  
SHALIMAR FL 32579-0517

2. Principal Place of Business

289 Shalimar Dr

3. Mailing Address

Suite, Apt. #, etc.

City & State

Shalimar, FL

City & State

Zip

Country  
USA

Country

32579

4. FEI Number

58-1736695

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PIMENTOL, LEROY G  
267 SHALIMAR DR  
SHALIMAR FL 32579

7. Name and Address of New Registered Agent

Name

Bates, Hubert L. Bates

Street Address (P.O. Box Number is Not Acceptable)

289 Shalimar Dr

City

Shalimar

FL

Zip Code  
32579

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.

SIGNATURE HUBERT L. BATES  
Signature, typed or printed name of registered agent and title if applicable.

*Hubert L. Bates*  
(NOTE: Registered Agent signature required when reinstating)

2-25-2000  
DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIMENTOL, LEROY G 267 SHALIMAR DRIVE SHALIMAR FL 32599	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PUGH, FRED M 273 SHALIMAR DR SHALIMAR FL 32579	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BATES, HUBERT 289 SHALIMAR DR SHALIMAR FL 32579	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bates, Hubert L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Janice Carlson 265 Shalimar Dr Shalimar, FL 32579	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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 entries empowered.

SIGNATURE: *Hubert L. Bates*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-2000 Date  
89-651-2696 Daytime Phone #

CR2E037 (9/99)