

**DOCUMENT # N19924**

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

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90053 027 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**289 SHALIMAR DR**      **P.O. BOX 517**  
**SHALIMAR FL 32579**      **SHALIMAR FL 32579**  
**US**

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

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**58-1736695**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**TOWNSEND, JOHN P**  
**142 EGLIN PARKWAY, SE**  
**FT. WALTON BEACH FL 32548**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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.

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**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BATES, HUBERT "ROCKY"</b>
STREET ADDRESS	<b>289 SHALIMAR DRIVE</b>
CITY-ST-ZIP	<b>SHALIMAR FL 32579</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>STEVENS, EDWARD</b>
STREET ADDRESS	<b>283 SHALIMAR DRIVE</b>
CITY-ST-ZIP	<b>SHALIMAR FL 32579</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CARLSON, JANICE</b>
STREET ADDRESS	<b>285 SHALIMAR DRIVE</b>
CITY-ST-ZIP	<b>SHALIMAR FL 32579</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Hubert "Rocky" Bates*      **"ROCKY" BATES**      **01-09-01**      **850-244-0777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)