


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

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90079 019 \*\*\*\*61.25

DOCUMENT # N13924			
1. Entity Name GARNIER'S CAY PHASE II OWNERS ASSOCIATION, INC.			
Principal Place of Business 289 SHALIMAR DR SHALIMAR FL 32579 US		Mailing Address P.O. BOX 517 SHALIMAR FL 32579	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  TOWNSEND, JOHN P 142 EGLIN PARKWAY, SE FT. WALTON BEACH FL 32548		7. Name and Address of New Registered Agent Name <u>RAYMOND F. NEWMAN (BECKER &amp; POLAKOFF)</u> Street Address (P.O. Box Number is Not Acceptable) <u>348 MIRACLE STRIP PARKWAY S.W., SUITE 7</u> City <u>FT. WALTON BEACH</u> FL Zip Code <u>32548</u>	
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: <u>[Signature]</u> RAYMOND F. NEWMAN, JR. 4-12-05 NOTE: Registered Agent signature required when re-registering. DATE			
FILE NOW; FEE IS \$61.25 Due By: May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		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	D BATES, HUBERT "ROCKY" 289 SHALIMAR DRIVE SHALIMAR FL 32579 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, EDWARD 283 SHALIMAR DRIVE SHALIMAR FL 32579 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURY ABIGAIL CALHOUN 279 SHALIMAR DRIVE SHALIMAR FL 32579 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, JANICE 265 SHALIMAR DRIVE SHALIMAR FL 32579 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIC-PRESIDENT EARL GOTTSCHALK 261 SHALIMAR DRIVE SHALIMAR, FL 32579 <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	<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
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: <u>Hubert S. Bates</u> HUBERT "ROCKY" BATES, PRESIDENT 2-15-05 850-651-2696		Date Daytime Phone #	

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1st MOORE CR2E037 (10/04)

4. FEI Number 58-1736695 Applied For Not Applicable

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