

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90084 047 ****61.25



DOCUMENT # N19924	
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



1st MOORE CR2E037 (10/05)

4. FEI Number 58-1736695	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEWMAN, RAYMOND F 348 MIRACLE ST PARKWAY SW SUITE 7 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BATES, HUBERT "ROCKY"		NAME:	
STREET ADDRESS: 289 SHALIMAR DRIVE		STREET ADDRESS:	
CITY-ST-ZIP: SHALIMAR FL 32579		CITY-ST-ZIP:	
TITLE: T	<input type="checkbox"/> Delete	TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CALHOUN, ABIGAIL		NAME: CALHOUN, ABIGAIL	
STREET ADDRESS: 279 SHALIMAR DRIVE		STREET ADDRESS:	
CITY-ST-ZIP: SHALIMAR FL 32579		CITY-ST-ZIP:	
TITLE: VP	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GOTTSCHALK, EARL		NAME:	
STREET ADDRESS: 261 SHALIMAR DRIVE		STREET ADDRESS:	
CITY-ST-ZIP: SHALIMAR FL 32579		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* **HERBERT "Rocky" BATES** 4-3-06 850-651-2696