


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90064 002 ****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 - No P.O. Box # 265 Shalimar Dr.	3. Mailing Address Suite, Apt. #, etc.	
City & State Shalimar FL	City & State 1st MOORE CR2E037 (10/06)	4. FEI Number 58-1736695
Zip 32579	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent NEWMAN, RAYMOND F 348 MIRACLE ST PARKWAY SW SUITE 7 FT. WALTON BEACH FL 32548		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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: D NAME: BATES, HUBERT "ROCKY" STREET ADDRESS: 289 SHALIMAR DRIVE CITY-ST-ZIP: SHALIMAR FL 32579 <input checked="" type="checkbox"/> Delete	TITLE: P NAME: CARLSON, JANICE STREET ADDRESS: 265 Shalimar Dr. CITY-ST-ZIP: Shalimar FL 32579 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: T NAME: CALHOUN, AEIGAIL STREET ADDRESS: 279 SHALIMAR DRIVE CITY-ST-ZIP: SHALIMAR FL 32579 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP NAME: GOTTSCHALK, EARL STREET ADDRESS: 261 SHALIMAR DRIVE CITY-ST-ZIP: SHALIMAR FL 32579 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Janice Carlson **JANICE CARLSON 2-9-07** **850-651-3041**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #