

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 29, 2009  
Secretary of State**

DOCUMENT# N19924

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

**Current Principal Place of Business:**

265 SHALIMAR DR  
SHALIMAR, FL 32579 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 517  
SHALIMAR, FL 32579

**New Mailing Address:**

FEI Number: 58-1736695      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NEWMAN, RAYMOND F  
348 MIRACLE ST PARKWAY SW  
SUITE 7  
FT. WALTON BEACH, FL 32548 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CARLSON, JANICE  
Address: 265 SHALIMAR DR  
City-St-Zip: SHALIMAR, FL 32579

Title: T ( ) Delete  
Name: CALHOUN, ABIGAIL  
Address: 279 SHALIMAR DRIVE  
City-St-Zip: SHALIMAR, FL 32579

Title: VP ( ) Delete  
Name: GOTTSCHALK, EARL  
Address: 261 SHALIMAR DRIVE  
City-St-Zip: SHALIMAR, FL 32579

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: CALHOUN, ABIGAIL  
Address: 279 SHALIMAR DRIVE  
City-St-Zip: SHALIMAR, FL 32579

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABIGAIL M. CALHOUN

T

06/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date