

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90078 020 ****61.25

DOCUMENT # N26281
 1. Entity Name
GARDEN LAKES VILLAGE 4 ASSOCIATION, INC.

Principal Place of Business C/O MA-CON, INC. 200 SOUTH WASHINGTON BOULEVARD, #4 SARASOTA FL 34236	Mailing Address C/O MA-CON, INC. 200 SOUTH WASHINGTON BOULEVARD, #4 SARASOTA FL 34236-6957
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business MA-CON, INC. 2198 Princeton St., #20 Sarasota, FL 34237	3. Mailing Address MA-CON, INC. 2198 Princeton St., #20 Sarasota, FL 34237
Zip	Country

4. FEI Number 59-3067149 59-2821382	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
WEIL, WARREN
 C/O MA-CON
 200 SOUTH WASHINGTON BOULEVARD, #4
 SARASOTA FL 34236

7. Name and Address of New Registered Agent
 Name *Warren Weil*
 MA-CON, INC.
 2198 Princeton St., #20
 Sarasota, FL 34237
 State: **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent in 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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	TD SMITH, C 5812 GARDEN LAKES FERN BRADENTON FL 34203	<input type="checkbox"/> Delete
TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	VD MCMAHON, PETER 5817 GARDEN LAKES FERN BRADENTON FL	<input type="checkbox"/> Delete
TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	SD VANHOO, MARJORIE 5907 GARDEN LAKES MAJESTIC BRADENTON FL 34203	<input type="checkbox"/> Delete
TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	D MIRACLE, LLOYD 5845 GARDENLAKES DR. BRADENTON FL 34203	<input type="checkbox"/> Delete
TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	PD BURNS, DEON 5809 GARDEN LAKES FERN BRADENTON FL 34203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

CR2E037 (9/99)

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: Marjorie Van Hook **SIGNATURE REQUIRED** *Marjorie Van Hook* 3-17-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #