

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Moorman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740648 (1)

1. Corporation Name

GARDEN PATIO VILLAS II ASSOCIATION, INC.

FILED

95 FEB 28 AM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

560 ROCK ISLAND RD.
BOX 8
MARGATE FL 33063

560 ROCK ISLAND RD.
BOX 8
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/28/1977

3a. Date of Last Report
04/29/1994

4. FEI Number
59-1804003

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRATT, BERNICE
510 ROCK ISLAND RD
MARGATE FL 33063

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title of agent

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	PRATT, BEE
STREET ADDRESS	510 ROCK ISLD RD
CITY - ST - ZIP	MARGATE FL
TITLE	TD
NAME	FEAKINS, ELAINE
STREET ADDRESS	510 ROCK ISLD RD
CITY - ST - ZIP	MARGATE FL
TITLE	VD
NAME	PECORA JOE
STREET ADDRESS	560 ROCK ISLAND RD., VILLA # 7
CITY - ST - ZIP	MARGATE FL 33063
TITLE	D
NAME	MARINO ANGIE
STREET ADDRESS	560 N. ROCK ISLAND RD., VILLA # 6
CITY - ST - ZIP	MARGATE FL 33063
TITLE	SD
NAME	MAYER, ANNA
STREET ADDRESS	610 N. ROCK ISLAND
CITY - ST - ZIP	MARGATE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	Thomas KERRAN
6.3 STREET ADDRESS	510 ROCK ISLD RD. VILLA #1
6.4 CITY - ST - ZIP	MARGATE FL 33063

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bernice Pratt Pres.
SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 Jan 95

(Signature Placeholder)