## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 740648**

GARDEN PATIO VILLAS II ASSOCIATION, INC.

Principal Place of Business

560 ROCK ISLAND RD.

Mailing Address

560 ROCK ISLAND RD.

## **FILED** Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90100 042 \*\*\*\*61.25

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2. Principal Place of Business	2a. Mailing Address			3.	Date Incorpora 10/28/1977	ted or Qualifed				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			4.	FEI Number	· .		A	oplied For	
22	27				59-1804003	<u> </u>		<del></del>	ot Applicable	
City & State	City & State			5.	Certifcate of St	atus Desired		<b>+</b>	Additional equired	
Zip Country	Zip Country		6.	Election Campa	aion Financino			May Be		
24 25	29	30			Trust Fund Cor	ntribution		- Added	to Fees	
9. Name and Address of Current	t Registered Agent	8	Name		Name and Ad	dress of New R	legistered	Agent		
PRATT, BERNICE 510 ROCK ISLAND RD		82	Stree	t Address (F	P.O. Box Numbe	r is Not Accepta	ible)			
MARGATE FL 33063		8:	<del> </del>							
		84	City					85 Zip	Code	
						-1	FL	.  -		
<ol> <li>Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat</li> </ol>	of Florida. Such change was au	thonzed by	tne cor	d corporation s bo	oard of directors	. I hereby accep	t the appoi	ntment as re	egistered	
SIGNATURE Signature, typed or printed name of registered agen-	t and title if annicable (NOTE:	Registered Age	nt skunature	required when i	reinstating)		DATE	<del> </del>	·	
12. OFFICERS AN		13.			ADDITIONS/CH	ANGES TO OF	ICERS AN	ID DIRECTO	ORS IN 12	
TITLE PD	☐ DELETE	1.1 TITLE						Change	☐ Addition	
NAME PRATT, BEE		1.2 NAME		1		•				
STREET ADDRESS 510 ROCK ISLD RD			T ADDRESS	s				- 1		
CITY-ST-ZIP MARGATE FL TITLE TD	☐ DELETE	1.4 CITY-1	ST-ZIP				<del></del>	. Change	☐ Addition	
NAME FEAKINS, ELAINE	t <sub>em</sub> occe.	2.2 NAME		,					_	
STREET ADDRESS 510 ROCK ISLD RD		2.3 STREE	T ADDRESS	s	च्च-च : =-,     -			المراجعين	g i pe - tour	
CITY-ST-ZIP MARGATE FL		2.4 CITY-	ST-ZIP					· '		
TITLE VD	DELETE	3.1 TITLE						☐ Change	Addition	
NAME PECORA JOE	<b>,</b> 7	3.2 NAME								
STREET ADDRESS 560 ROCK ISLAND RD., VILLA # MARGATE FL 33063	<b>F</b> 1	3.3 STREE	TADDRESS	s			•	₹		
TITLE D MAHGATE FL 33063	☐ DELETE	4.1 TITLE	31-ZIP	<u> </u>				Change	Addition	
NAME MARINO ANGIE		4. 2 NAME				4				
STREET ADDRESS 560 N. ROCDK ISLAND RD., VIL	LA # 6	4.3 STREE	T ADDRESS	s						
CITY-ST-ZIP MARGATE FL 33063		4.4 CiTY-	ST-ZIP				•			
TITLE SD	☐ DELETE	5.1 TITLE 5.2 NAME						Change	Addition .	
NAME MAYER, ANNA STREET ADDRESS 610 N. ROCK ISLAND			T ADDRESS	s						
CITY-ST-ZIP MARGATE FL		5.4 CITY-								
TITLE D	☐ DELETE	6.1 TITLE		1		*, .		☐ Change	☐ Addition	
NAME KEENAN, THOMAS		6.2 NAME				•				
STREET ADDRESS 510 ROCK ISLAND RD VILLA #	1	1	TADDRESS	s						
CITY-ST-ZIP MARGATE FL	la Aleia Ellina alana ana anno 198 - Co-	6.4 CITY-		dia Castin	- 440 07/9\//\\	orida Ctatutor I	6 whos so	tifu that the	Information	

Increase certify that the information supplied with this limit does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. If utmer 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, with all other like empowered.

SIGNATURE:



2-2-99 Date