FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90119 005 ****61.25

0065534

DOCUMENT # **N02768**

1. Corporation Name

"GARDEN LAKES VILLAGE 2 ASSOCIATION, INC."

Principal Place of Business	Mailing Address
200 S WASHINGTON BV #4 SARASOTA FL 34236	200 S WASHINGTON BV #4 SARASOTA FL 34236

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/26/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2480914 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WEIL, WARREN
200 S WASHINGTON BV #4
SARASOTA FL 34236

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCKENZIE, LETTICE		1.2 NAME		
STREET ADDRESS	3605 GARDEN LAKES CLENET		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FOWLER, WILLIAM		2.2 NAME		
STREET ADDRESS	3602 GARDEN LAKES CLENET		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MILTON, THOMAS		3.2 NAME		
STREET ADDRESS	3604 GDN LKS CLENET		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RIGOULOT, WILLIAM		4.2 NAME		
STREET ADDRESS	5704 GARDEN LAKES CLENET		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MAXERS, GERARD		5.2 NAME		
STREET ADDRESS	5618 GAREN LAKES MAJESTIC		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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: Susan Fowler REQUIRED 4/22/99 (941) 366-8480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #