

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90025 007 ****61.25

DOCUMENT # 740648

1. Entity Name

GARDEN PATIO VILLAS II ASSOCIATION, INC.

Principal Place of Business

560 ROCK ISLAND RD.
 BOX 8
 MARGATE FL 33063

Mailing Address

560 ROCK ISLAND RD.
 BOX 8
 MARGATE FL 33063

2. Principal Place of Business

3. Mailing Address

510 ROCK ISLAND RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Box 8

City & State

City & State

4. FEI Number

59-1804003

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRATT, BERNICE
 510 ROCK ISLAND RD
 MARGATE FL 33063

Name

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

City

FL

Zip Code

8. 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

Bernice Pratt

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME PRATT, BEE
 STREET ADDRESS 510 ROCK ISLAND RD
 CITY-ST-ZIP MARGATE FL

TITLE D ☐ Change ☐ Addition
 NAME MELVIN, BETTIE
 STREET ADDRESS 560 ROCK ISLAND RD VILLA #1
 CITY-ST-ZIP MARGATE FL, 33063

TITLE TD ☐ Delete
 NAME FEAKINS, ELAINE
 STREET ADDRESS 510 ROCK ISLAND RD
 CITY-ST-ZIP MARGATE FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME PECORA JOE
 STREET ADDRESS 560 ROCK ISLAND RD., VILLA # 7
 CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME MARINO ANGIE
 STREET ADDRESS 560 N. ROCK ISLAND RD., VILLA # 6
 CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME MAYER, ANNA
 STREET ADDRESS 610 N. ROCK ISLAND
 CITY-ST-ZIP MARGATE FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME KEENAN, THOMAS
 STREET ADDRESS 510 ROCK ISLAND RD VILLA #1
 CITY-ST-ZIP MARGATE FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Bernice Pratt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10 Feb 01

CR2E037 (10/00)

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