

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90239 026 ****61.25

0019057

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1804003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PRATT, BERNICE
510 ROCK ISLAND RD
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name **BETTIE, MELVIN**
 Street Address (P.O. Box Number is Not Acceptable)

560 ROCK ISLAND ROAD VILLA #1

City **MARGATE**

FL

Zip Code **33063**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/02

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **BETTIE MELVIN**
 STREET ADDRESS **560 ROCK ISLAND RD #1**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **TD** ☒ Change ☐ Addition
 NAME **PECORA MARILYN**
 STREET ADDRESS **560 ROCK ISLAND RD #7**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **VD** ☒ Change ☐ Addition
 NAME **TONY DEMARCHI**
 STREET ADDRESS **610 ROCK ISLAND RD #3**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☒ Change ☐ Addition
 NAME **PRATT BERNICE**
 STREET ADDRESS **510 ROCK ISLAND RD #3**
 CITY-ST-ZIP

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

TITLE **D** ☒ Change ☐ Addition
 NAME **PECORA JOE**
 STREET ADDRESS **560 ROCK ISLAND RD #7**
 CITY-ST-ZIP **MARGATE FL 33063**

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: *Bettie Melvin*

3-20-02

CR2E037 (9/01)