



2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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|---|---|---------------------|--|--|--|--|--|
| DOCUMENT # 740648 1. Entity Name GARDEN PATIO VILLAS II ASSOCIATION, INC. | | | |  | | FILED 04 DEC 10 AM 11:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| 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 | | 11032004 Chg-NP CR2E037 (10/03) | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 59-1804003 | | | |
| City & State | | City & State | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| Zip | | Zip | | Applied For Not Applicable | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| MELVIN, BETTIE 560 ROCK ISLAND RD VILLA #1 MARGATE, FL 33063 | | | | Name: <u>PECORA, JOSEPH</u> Street Address (P.O. Box Number is Not Acceptable): <u>560 ROCK ISLAND RD</u> <u>VILLA #7</u> City: <u>MARGATE</u> FL Zip Code: <u>33063</u> | | | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE: <u>[Signature]</u> | | | | DATE: <u>12/9/04</u> | | | |
| Amended AR is \$61.25 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P MELVIN, BETTIE 560 ROCK ISLAND RD VILLA #1 MARGATE, FL 33063 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PECORA, JOSEPH 560 ROCK ISLAND RD VILLA #7 MARGATE, FL 33063 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD <input type="checkbox"/> Delete FEAKINS, ELAINE 510 ROCK ISLAND RD #7 MARGATE, FL 33063 | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 100042829001 11/17/04--01030--013 **\$61.25 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD <input type="checkbox"/> Delete DE MARCHI, TONY 610 ROCK ISLAND RD #3 MARGATE, FL 33063 | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPD PRATT, BEE 510 ROCK ISLAND RD VILLA #5 MARGATE, FL 33063 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 2VPD <input type="checkbox"/> Delete WALKER, BEATRICE 510 ROCK ISLAND RD #4 MARGATE, FL 33063 | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2VPD RIVERO, JOSE 610 ROCK ISLAND RD VILLA #7 MARGATE, FL 33063 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD <input type="checkbox"/> Delete MAYER, ANNA 610 ROCK ISLAND RD. #1 MARGATE, FL | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 100042829001 11/17/04--01030--014 **\$8.75 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <u>[Signature]</u> | | |
| 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: <u>JOSEPH PECORA</u> | | | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <u>[Signature]</u> Date: <u>11/14/04</u> 954 978 2491 | | | |