

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90022 018 ****70.00

| | | | | | |
|--|---------------------------------|---|---|---|--|
| 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 | |
| | | | | | |
| 6. Name and Address of Current Registered Agent PECORA, JOSEPH 560 ROCK ISLAND RD VILLA #7 MARGATE, FL 33063 | | | | 7. Name and Address of New Registered Agent Name MARGARET O'BRIEN Street Address (P.O. Box Number is Not Acceptable) 560 ROCK ISLAND RD #5 MARGATE FL City 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 1-9-06 <small>DATE</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | P | <input checked="" type="checkbox"/> Delete | TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PECORA, JOSEPH | | NAME | MARGARET O'BRIEN | |
| STREET ADDRESS | 560 ROCK ISLAND RD VILLA #7 | | STREET ADDRESS | 560 ROCK ISLAND RD #5 | |
| CITY-ST-ZIP | MARGATE, FL 33063 | | CITY-ST-ZIP | MARGATE, FL 33063 | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FEAKINS, ELAINE | | NAME | | |
| STREET ADDRESS | 510 ROCK ISLAND RD #7 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MARGATE, FL 33063 | | CITY-ST-ZIP | | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRATT, BEE | | NAME | PATRICIA KEENAN | |
| STREET ADDRESS | 510 ROCK ISLAND RD VILLA #5 | | STREET ADDRESS | 510 ROCK ISLAND RD #1 | |
| CITY-ST-ZIP | MARGATE, FL 33063 | | CITY-ST-ZIP | MARGATE, FL 33063 | |
| TITLE | 2V | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RIVERO, JOSE | | NAME | | |
| STREET ADDRESS | 610 ROCK ISLAND RD #7 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MARGATE, FL 33063 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MAYER, ANNA | | NAME | | |
| STREET ADDRESS | 610 ROCK ISLAND RD. #1 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MARGATE, FL | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 1-9-06 <small>Date</small> | | |
| <small>Daytime Phone #</small> | | | | | |