2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90082 041 ****61.25

DOCUMENT # 740648 1. Entity Name GARDEN PATIO VILLAS II ASSOCIATION, INC.					(04-16-2007	90082 0	41 ****6	1.25
Principal Place 560 ROCK IS BOX 8 MARGATE, F	LAND RD.	Mailing Address 560 ROCK ISLAND RD. BOX 8 MARGATE, FL 33063				11111111111111111111111111111111111111			 {11 6 61
2. Principal P	flace of Business - No P.O. Box #	3. Mailing Address	Address					i ele ji ele ji e lel	1181 81 1581
Suite, Apt. #, etc.		Suite, Apt. #, etc.				hg-NP	CR2E03	7 (12/06)	
City & State		City & State			4. FEI Number 59-180400	03		 	plied For t Applicable
Zip			Country	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Currer		7. Name and Address of New Registered Agent						
O'BRIEN, MARGARET 560 ROCK ISLAND RD				Name FLORY ARIZA Street Address (P.O. Box Number is Not Acceptable)					
RA #5 MARGATE, FL 33063				560 Rock Island Rd #1					
			City 9						
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 MOCLUEA President 3/30/0/									
Signature, typed or proved name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)									
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Financing Trust Fund Contribution.					\$5.00 May Be Added to Fees	Flor	ida Depart	payable to ment of St	ate
10.	OFFICERS AND D		11.		DDITIONS/CHANG	ES TO OFFICE	RS AND DIF		
NAME STREET ADDRESS CITY-ST-ZIP	VP O'BRIEN, MARGARET 560 ROCK ISLAND RD #5 MARGATE, FL 33063	I	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FLOT 560	Ry ARIZH Rock Islo gate, FC	and Rd =	#1	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FEAKINS, ELAINE 510 ROCK ISLAND RD #7 MARGATE, FL 33063	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Jule 1 10	<u> </u>		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP	VD KEENAN, PATRICIA 510 ROCK ISLAND RD. #1 MARGATE, FL 33063	D Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	560	herine Rock Is EGHTE, F	land Rd	#7	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAYER, ANNA 610 ROCK ISLAND RD. #1 MARGATE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	510	atrice (Rock Is	land Ro	1#4	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. hereby	certify that the information supplied w on this report or supplemental report	☐ Delete ith this filing does not qualify for t	TITLE NAME STREET ADDRESS CITY-ST-ZIP he exemptions	contained in	ap Dun Dock apte F(an Island 330	further certi		Addition formation

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.