

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 14, 2008 8:00 am**  
**Secretary of State**

08-14-2008 90001 022 \*\*\*\*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 - No P.O. Box #

560 ROCK ISLAND RD

Suite, Apt. #, etc.

Box 8

City & State  
MARGATE FL.

Zip  
33063

Country  
FLORIDA

3. Mailing Address

510 ROCK ISLAND RD

Suite, Apt. #, etc.

Box 8

City & State  
MARGATE FL.

Zip  
33063

Country  
FLORIDA

2nd MOORE

CR2E037 (4/08)

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

ARIZA, FLORY  
560 ROCK ISLAND RD  
1  
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name

FOWLER, DUSTIN

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

560 ROCK ISLAND RD - 4

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(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**  
**Due By September 3, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME ARIZA, FLORY  
STREET ADDRESS 560 ROCK ISLAND RD #1  
CITY-ST-ZIP MARGATE FL 33063 ☐ Delete

TITLE TD  
NAME FEAKINS, ELAINE  
STREET ADDRESS 510 ROCK ISLAND RD #7  
CITY-ST-ZIP MARGATE FL 33063 ☐ Delete

TITLE V  
NAME TILLI, KATHERINE  
STREET ADDRESS 560 ROCK ISLAND RD #7  
CITY-ST-ZIP MARGATE FL 33063 ☐ Delete

TITLE SD  
NAME MAYER, ANNA  
STREET ADDRESS 610 ROCK ISLAND RD. #1  
CITY-ST-ZIP MARGATE FL ☐ Delete

TITLE D  
NAME WALKER, BEATRICE  
STREET ADDRESS 510 ROCK ISLAND RD #6  
CITY-ST-ZIP MARGATE FL 33063 ☐ Delete

TITLE D  
NAME DURAN, DIEGO  
STREET ADDRESS 560 ROCK ISLAND RD #6  
CITY-ST-ZIP MARGATE FL 33063 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition  
NAME FOWLER, DUSTIN  
STREET ADDRESS 560 ROCK ISLAND RD #4  
CITY-ST-ZIP MARGATE, FL, 33063

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

TITLE V ☒ Change ☐ Addition  
NAME MILLER, ROBERT  
STREET ADDRESS 560 ROCK ISLAND RD #3  
CITY-ST-ZIP MARGATE, FL, 33063

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

TITLE D ☒ Change ☐ Addition  
NAME PAUL FARINA  
STREET ADDRESS 610 ROCK ISLAND RD #2  
CITY-ST-ZIP MARGATE, FL, 33063

TITLE D ☒ Change ☐ Addition  
NAME BEATRICE PRATT  
STREET ADDRESS 510 ROCK ISLAND RD. #5  
CITY-ST-ZIP MARGATE, FL, 33063

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:

President Dustin S Fowler 8/14/08 9518873876