2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#740648

FILED Apr 12, 2009 Secretary of State

Entity Name: GARDEN PATIO VILLAS II ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:				
560 ROCK BOX 8 MARGATE,	ISLAND RD. FL 33063			510 ROCK BOX 8 MARGATE	ISLAND RD. , FL 33063	US		
Current Mailing Address:				New Mailing Address:				
560 ROCK BOX 8 MARGATE,	ISLAND RD. FL 33063				ISLAND RD.	US		
FEI Number:	59-1804003	FEI Number Applied F	or () FEI Nur	nber Not Appli	icable ()	Certificate of	of Status Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
FOWLER, DUSTIN 560 ROCK ISLAND RD #4 MARGATE, FL 33063 US				PRATT, BEATRICE 510 ROCK ISLAND RD #8 MARGATE, FL 33063 US				
The above in the State		submits this statemen	t for the purpose o	of changing it	s registered o	ffice or regi	stered agent, or	both,
SIGNATURE: BERNICE PRATT				04/12/2009				
Electronic Signature of Registered Agent				Date				
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFFIC	ERS AND DIRE	CTORS:
Title: Name: Address: City-St-Zip:	P (FOWLER, DU: 560 ROCK ISL MARGATE, FL	AND #4		Title: Name: Address: City-St-Zip:	P (X) PRATT, BEATR 510 ROCK ISLA MARGATE, FL	ND #8	Addition	
Title: Name: Address: City-St-Zip:	TD (FEAKINS, ELA 510 ROCK ISL MARGATE, FL	AND RD #7		Title: Name: Address: City-St-Zip:	()	Change ()	Addition	
Title: Name: Address: City-St-Zip:	V (MILLER, ROB 560 ROCK ISL MARGATE, FL	AND RD #3		Title: Name: Address: City-St-Zip:	()	Change ()	Addition	
Title: Name: Address: City-St-Zip:	SD (MAYER, ANNA 610 ROCK ISL MARGATE, FL	AND RD. #1		Title: Name: Address: City-St-Zip:	()	Change ()	Addition	
Title: Name: Address: City-St-Zip:	D (FARINA, PAUL 610 ROCK ISL MARGATE, FL	AND RD #2		Title: Name: Address: City-St-Zip:	D (X) KEENAM, PATR 510 ROCK ISLA MARGATE, FL	ND RD #1	Addition	
Title: Name: Address: City-St-Zip:	D (X PRATT, BEATI 510 ROCK ISL MARGATE, FL	AND RD #5		Title: Name: Address: City-St-Zip:	()	Change()/	Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE FEAKINS TD 04/12/2009