

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90201 006 ****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

Country

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

7. Name and Address of New Registered Agent

**MELVIN, BETTIE
560 ROCK ISLAND RD
VILLA #1
MARGATE FL 33063**

Name

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

City

FL

Zip Code

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

Bettie Melvin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **MELVIN, BETTIE**
STREET ADDRESS **560 ROCK ISLO RD VILLA #1**
CITY-ST-ZIP **MARGATE FL 33063**

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

TITLE **TD** ☒ Delete
NAME **PECORA, MARILYN**
STREET ADDRESS **560 ROCK ISLAND RD #7**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **TREASURER/DIRECTOR** ☒ Change ☐ Addition
NAME **MARY BECKER**
STREET ADDRESS **610 ROCK Island RD #7**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE **VD** ☐ Delete
NAME **DE MARCHI, TONY**
STREET ADDRESS **610 ROCK ISLAND RD #3**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **VICE PRESIDENT/DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **PRATT, BERNICE**
STREET ADDRESS **510 ROCK ISLAND RD #3**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **VICE PRESIDENT/D** ☒ Change ☐ Addition
NAME **PEDRO VALENTINE**
STREET ADDRESS **510 ROCK ISLAND RD #3**
CITY-ST-ZIP **MARGATE, FL 33063**

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **610 ROCK Island Rd. #1**

TITLE **D** ☒ Delete
NAME **PECORA, JOE**
STREET ADDRESS **560 ROCK ISLAND RD #7**
CITY-ST-ZIP **MARGATE FL 33063**

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

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: *BETTIE MELVIN* **1-20-03 954-971-2579**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)