

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90170 043 ****61.25

DOCUMENT # N09194

1. Entity Name
GARNIER'S CAY TOWNHOMES ASSOCIATION, INC.



Principal Place of Business

**213 SHALIMAR DRIVE
SHALIMAR FL 32579
US**

Mailing Address

**P. O. BOX 13
SHALIMAR FL 32579
US**

11000001



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

219 SHALIMAR DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State
SHALIMAR, FL

City & State

4. FEI Number **58-1631998**

Applied For

Not Applicable

Zip
32579

Country
OKALOOSA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COFFIELD, PATRICK C
213 SHALIMAR DRIVE
SHALIMAR FL 32579**

7. Name and Address of New Registered Agent

Name **JOHN J. MACKIN**

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

City **SHALIMAR**

FL **32579**

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

JOHN J. MACKIN

SIGNATURE **John J. Mackin PRESIDENT**

17 APR 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

TITLE **PD** ☒ Delete
NAME **PANKRATE, JOHN**
STREET ADDRESS **201 SHALIMAR DR**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **SD** ☒ Delete
NAME **SWAFFORD, JOANN**
STREET ADDRESS **253 SHALIMAR DR**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **TD** ☒ Delete
NAME **COFFIELD, PATRICK**
STREET ADDRESS **213 SHALIMAR DR**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **VD** ☒ Delete
NAME **MALKIN, JOHN**
STREET ADDRESS **219 SHALIMAR DR**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **MACKIN, JOHN**
STREET ADDRESS **219 SHALIMAR DR**
CITY-ST-ZIP **SHALIMAR, FL 32579**

TITLE **SD** ☐ Change ☒ Addition
NAME **WILTON, LENORE**
STREET ADDRESS **243 SHALIMAR DR**
CITY-ST-ZIP **SHALIMAR, FL 32579**

TITLE **TD** ☐ Change ☒ Addition
NAME **SCHWAN, THOMAS**
STREET ADDRESS **237 SHALIMAR DR**
CITY-ST-ZIP **SHALIMAR, FL 32579**

TITLE **VD** ☐ Change ☒ Addition
NAME **HARRIS, DENIZ**
STREET ADDRESS **233 SHALIMAR DR**
CITY-ST-ZIP **SHALIMAR, FL 32579**

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

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: **JOHN J. MACKIN** **17 APR 03** **856-609-0457**

CR2E037 (10/02)