FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 8:52

DOCUMENT # **611223** **(9)**

1. Corporation Name
GARDEN ISLE VILLAS, INC.

Principal Place of Business	Mailing Address
316 SE 10TH AVE. POMPANO BCH FL 33060	316 SE 10TH AVE. POMPANO BCH FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/27/1979**
3a. Date of Last Report: **04/21/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
State, Apt. #, etc. (22)
State, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **59-2140256** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for unemployment tax under Ch. 443 FS, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRAY, ARLENE
321-D SE 11 AVE
POMPANO BCH FL 33060

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (Signature of new or previous registered agent and date of signature) (NAME - Registered Agent - type or print name of registered agent) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	TD	1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, JACKIE	1 NAME	
STREET ADDRESS	320 D SE 10 AVE	1 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL	1 CITY ST ZIP	
TITLE	D	2 TITLE	☐ Change ☐ Addition
NAME	GENNA, JOSEPH	2 NAME	
STREET ADDRESS	317 D SE 11 AVE	2 STREET ADDRESS	
CITY ST ZIP	POMPANO FL	2 CITY ST ZIP	
TITLE	P	3 TITLE	☐ Change ☐ Addition
NAME	MORT, CHRISTENSEN	3 NAME	
STREET ADDRESS	312 B SE 10 AVE	3 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL	3 CITY ST ZIP	
TITLE	SD	4 TITLE	☐ Change ☐ Addition
NAME	MARTIN, JAMES	4 NAME	
STREET ADDRESS	320D SE 10 AVE	4 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL	4 CITY ST ZIP	
TITLE	VPD	5 TITLE	☐ Change ☐ Addition
NAME	GRAY, ARLENE	5 NAME	
STREET ADDRESS	321-D SE 11 AVE	5 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL	5 CITY ST ZIP	
TITLE	D	6 TITLE	☐ Change ☐ Addition
NAME	COSLER, MARY	6 NAME	
STREET ADDRESS	317A 11TH AVE	6 STREET ADDRESS	
CITY ST ZIP	POMPANO BCH FL	6 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I/We further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Martin J. Christensen MORT CHRISTENSEN 1-12-95 -305- 782 9648
SIGNATURE AND TYPED OR PRINTED NAME OF MORTGAGE OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone Number)

0102702 CP