

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 611223 (9)
1. Corporation Name
GARDEN ISLE VILLAS, INC.



Principal Place of Business 316 SE 10TH AVE. POMPANO BCH FL 33060	Mailing Address 316 SE 10TH AVE. POMPANO BCH FL 33060
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/27/1979	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2140256		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
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	
				85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JACKIE	1.2 NAME	Michael J. Tirralla
STREET ADDRESS	320 D SE 10 AVE	1.3 STREET ADDRESS	309-C SE 11 Ave
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	Pompano Beach FL 33060
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORT, CHRISTENSEN	2.2 NAME	Doug Spalluto
STREET ADDRESS	312 D SE 10 AVE	2.3 STREET ADDRESS	305-C SE 11 Ave
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	Pompano Beach FL 33060
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JAMES	3.2 NAME	TD
STREET ADDRESS	320D SE 10 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, ARLENE	4.2 NAME	VPD
STREET ADDRESS	321-D SE 11 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COGLER, MARY	5.2 NAME	SD MARY HEATON
STREET ADDRESS	317A 11TH AVE	5.3 STREET ADDRESS	305 B SE 11 Ave
CITY-ST-ZIP	POMPANO BCH FL	5.4 CITY-ST-ZIP	Pompano Beach FL 33060
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: JAMES MARTIN James Martin April 4, 1998 904-781-7913

CR2E034 (10/97)