


**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90168 048 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 611223**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1979

4. FEI Number

59-2140256

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

29 Country

30

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 **Tirella Michael J.**82 Street Address (P.O. Box Number is Not Acceptable)  
**309 C SE 11 Ave**

83

84 City **Pompano Beach** FL85 Zip Code  
**33060**

11. Pursuant to the provisions of Sections 807.0502 and 807.1508, 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 807.0505, Florida Statutes.

SIGNATURE **Michael Tirella Pres.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETENAME **TIRELLA, MICHAEL J**STREET ADDRESS **309 C SE 11 AVE**CITY-ST-ZIP **POMPANO BEACH FL 33060**TITLE **D** ☐ DELETENAME **SPALLUTO, DOUG**STREET ADDRESS **305 C SE 11 AVE**CITY-ST-ZIP **POMPANO BEACH FL 33060**TITLE **TD** ☐ DELETENAME **MARTIN, JAMES**STREET ADDRESS **320D SE 10 AVE**CITY-ST-ZIP **POMPANO BEACH FL**TITLE **VPD** ☒ DELETENAME **GRAY, ARLENE**STREET ADDRESS **321-D SE 11 AVE**CITY-ST-ZIP **POMPANO BEACH FL**TITLE **SD** ☐ DELETENAME **HEATON, MARY**STREET ADDRESS **305 B SE 11 AVE**CITY-ST-ZIP **POMPANO BCH FL 33060**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(l), 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, with all other like empowered.

SIGNATURE: **JAMES MARTIN** *James Martin* **05 Mar 1999** **954-781-7913**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)