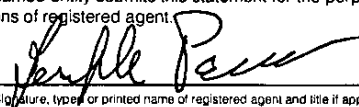
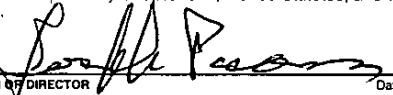


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 740648 1. Entity Name GARDEN PATIO VILLAS II ASSOCIATION, INC.						FILED 04 DEC 10 AM 11:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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		11032004 Chg-NP CR2E037 (10/03)		4. FEI Number 59-1804003 Applied For ☐ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
City & State		City & State		6. Name and Address of Current Registered Agent			
Zip		Country		Zip		Country	
33063		FL		33063		FL	
6. Name and Address of Current Registered Agent MELVIN, BETTIE 560 ROCK ISLAND RD VILLA #1 MARGATE, FL 33063				7. Name and Address of New Registered Agent Name: PECORA, JOSEPH Street Address (P.O. Box Number is Not Acceptable): 560 ROCK ISLAND RD VILLA #7 City: MARGATE, FL Zip Code: 33063			
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: 				DATE: 12/9/04			
Amended AR 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 NAME STREET ADDRESS CITY - ST - ZIP	P MELVIN, BETTIE 560 ROCK ISLAND RD VILLA #1 MARGATE, FL 33063 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PECORA, JOSEPH 560 ROCK ISLAND RD VILLA #7 MARGATE, FL 33063 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FEAKINS, ELAINE 510 ROCK ISLAND RD #7 MARGATE, FL 33063 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	100042829001 11/17/04--01030--013 **\$61.25 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DE MARCHI, TONY 610 ROCK ISLAND RD #3 MARGATE, FL 33063 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PRATT, BEE 510 ROCK ISLAND RD VILLA #5 MARGATE, FL 33063 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VPD WALKER, BEATRICE 510 ROCK ISLAND RD #4 MARGATE, FL 33063 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VPD RIVERO, JOSE 610 ROCK ISLAND RD VILLA #7 MARGATE, FL 33063 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MAYER, ANNA 610 ROCK ISLAND RD. #1 MARGATE, FL ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	100042829001 11/17/04--01030--014 **\$8.75 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	KR 12/20 ☐ Change ☐ Addition		
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: JOSEPH PECORA				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: 			
				Date: 11/14/04 954 978 2491 Daytime Phone #			