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

11032004 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
560 ROCK ISLAND RD. BOX 8 MARGATE, FL 33063	560 ROCK ISLAND RD. BOX 8 MARGATE, FL 33063

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	510 ROCK ISLAND RD Suite, Apt. #, etc. BOX 8
City & State	MARGATE City & State FL.
Zip / Country	Zip 33063 / Country BROWARD

4. FEI Number 59-1804003 ☐ Applied For ☐ Not Applicable

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

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 [signature] 12/9/04
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 ISLO 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 **5.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12/10 ☐ 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] 11/14/04 954 978 2491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #