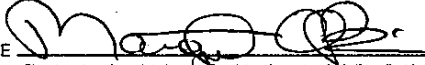
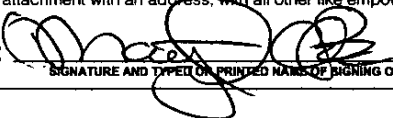


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90022 018 ****70.00

DOCUMENT # 740648 1. Entity Name GARDEN PATIO VILLAS II ASSOCIATION, INC.					
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			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
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 PECORA, JOSEPH 560 ROCK ISLAND RD VILLA #7 MARGATE, FL 33063			7. Name and Address of New Registered Agent Name MARGARET O'BRIEN Street Address (P.O. Box Number is Not Acceptable) 560 ROCK ISLAND RD #5 MARGATE FL City 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, typed or printed name of registered agent and title if applicable.				DATE 1-9-06 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		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	P	☒ Delete	TITLE	P	☒ Change ☐ Addition
NAME	PECORA, JOSEPH		NAME	MARGARET O'BRIEN	
STREET ADDRESS	560 ROCK ISLAND RD VILLA #7		STREET ADDRESS	560 ROCK ISLAND RD #5	
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FEAKINS, ELAINE		NAME		
STREET ADDRESS	510 ROCK ISLAND RD #7		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP		
TITLE	VD	☒ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	PRATT, BEE		NAME	PATRICIA KEENAN	
STREET ADDRESS	510 ROCK ISLAND RD VILLA #5		STREET ADDRESS	510 ROCK ISLAND RD #1	
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	2V	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	RIVERO, JOSE		NAME		
STREET ADDRESS	610 ROCK ISLAND RD #7		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MAYER, ANNA		NAME		
STREET ADDRESS	610 ROCK ISLAND RD. #1		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1-9-06 Daytime Phone #		