

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90082 041 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                           |                                                                                                                        |                                                                                                                                                                                                                     |                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 740648</b><br>1. Entity Name<br><b>GARDEN PATIO VILLAS II ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                                                                                        |                                                                                                                                                                                                                     |                |  |
| Principal Place of Business<br><b>560 ROCK ISLAND RD.<br/>BOX 8<br/>MARGATE, FL 33063</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                           |                                                                                                                        | Mailing Address<br><b>560 ROCK ISLAND RD.<br/>BOX 8<br/>MARGATE, FL 33063</b>                                                                                                                                       |                                                                                                 |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                           | 3. Mailing Address                                                                                                     |                                                                                                                                                                                                                     |                                                                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           | Suite, Apt. #, etc.                                                                                                    |                                                                                                                                                                                                                     |                                                                                                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                           | City & State                                                                                                           |                                                                                                                                                                                                                     |                                                                                                 |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                   | Zip                                                                                                                    | Country                                                                                                                                                                                                             | 4. FEI Number<br><b>59-1804003</b>                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                           |                                                                                                                        |                                                                                                                                                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                           |                                                                                                                        |                                                                                                                                                                                                                     | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>O'BRIEN, MARGARET<br/>560 ROCK ISLAND RD<br/>RA #5<br/>MARGATE, FL 33063</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                           |                                                                                                                        | 7. Name and Address of New Registered Agent<br>Name <b>FLORY ARIZA</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>560 Rock Island Rd #1</b><br>City <b>Margate</b> <b>FL</b> Zip Code <b>33063</b> |                                                                                                 |  |
| 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.<br><br>SIGNATURE <i>Molliza</i> <b>President</b> DATE <b>3/30/07</b><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                               |                                                                                                                           |                                                                                                                        |                                                                                                                                                                                                                     |                                                                                                 |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                     | <b>Make check payable to<br/>Florida Department of State</b>                                    |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                           |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                               |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VP<br><b>O'BRIEN, MARGARET<br/>560 ROCK ISLAND RD #5<br/>MARGATE, FL 33063</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | P<br><b>FLORY ARIZA<br/>560 Rock Island Rd #1<br/>Margate, FL 33063</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TD<br><b>FEAKINS, ELAINE<br/>510 ROCK ISLAND RD #7<br/>MARGATE, FL 33063</b> <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                   |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VD<br><b>KEENAN, PATRICIA<br/>510 ROCK ISLAND RD. #1<br/>MARGATE, FL 33063</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | V<br><b>Katherine Tilli<br/>560 Rock Island Rd #7<br/>MARGATE, FL 33063</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                            |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SD<br><b>MAYER, ANNA<br/>610 ROCK ISLAND RD. #1<br/>MARGATE, FL</b> <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                   |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | D<br><b>Beatrice Walker<br/>510 Rock Island Rd #4<br/>Margate, FL 33063</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                            |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | D<br><b>Diego Duran<br/>560 Rock Island Rd #6<br/>Margate FL 33063</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                 |                                                                                                 |  |
| 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: <i>Molliza</i> <b>President</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                           | DATE: <b>3/30/07</b>                                                                                                   |                                                                                                                                                                                                                     | DAYTIME PHONE #: <b>954-465-9721</b>                                                            |  |

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