## 事ノンレ FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # J11528 1. Corporation Name

GARDENIA LAKE ASSOCIATION, INC.

Principal Place	e of Business	Mailing Address				1				
8520 GARDENIA	A DR.	8520 GARDENIA DR.								
LARGO FL 34647		LARGO FL 34647	LARGO FL 34647							
								RITE IN TH	IS SPACE	
							orated or Qualif	ed		
						04/29/19				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			h	plied For
21		26				59-29307	91			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	C.			5 Certificate o	f Status Desired			Additional
22		27				3. Dertificate of	- Otatus Besilio		Fee Re	equired
City & Stat	e	City & State				6. Election Ca	mpaign Financii	ng []	\$5.00	May Be
23		28				Trust Fund	Contribution		Added	to Fees
Zip	Country	Zip	Co	untry		8. This corpora	ation owes the o	current year	Intangible	
24	25	29	30			Personal Pr		•	Yes	□No
	9. Name and Address of Cu					10. Name and	Address of Ne	w Registere	d Agent	
	<del>, , , , , , , , , , , , , , , , , , , </del>	`		81	Name					
GRA	HAM, PETER D.									
	CENTRAL AVENUE			82	Street Addre	ess (P.O. Box Nun	nber is Not Acce	eptable)		
	PETERSBURG FL 33707			83		<u> </u>	<u> </u>			
, 01.1	EIEHOBONG IE SSIOI			83						
				84	City			F	85 Zip	Codé
<u> </u>		2522 1227 1522 51 11 1	<u> </u>			tio- submite thi	a statement for	the purpose	of changing its	registered
11 Pursuant	to the provisions of Sections 607 registered agent, or both, in the S	.0502 and 607.1508, Florida state of Florida Such change s	Statutes, the was authorize	above-r	nameo corpo e comoratio	oration submits this	s statement for ors. I hereby ac	cept the app	ointment as re	gistered
Office Of 1	egistered agoin, or both, in the or	tate of Frontage Cach change			·		•	. , , ,		•
agent. I a	m familiar with, and accept the ob	bligations of, Section 607.050:	5, Florida Sta	tutes.						
_	m familiar with, and accept the ob	bligations of, Section 607.050	5, Florida Sta	atutés.						
agent. I a	m familiar with, and accept the ob-	bligations of, Section 607.050 d agent and little if applicable.	(NOTE: Registere	atutes. ed Agent si		d when reinstating)		DATE		
_	m familiar with, and accept the ob-	d agent and title if applicable.  S AND DIRECTORS	(NOTE: Registere	atutes. ed Agent si		d when reinstating)	CHANGES TO		AND DIRECTO	
SIGNATURE	m familiar with, and accept the ob-	bligations of, Section 607.050 d agent and little if applicable.	(NOTE: Registere	atutes. ed Agent si		d when reinstating)	CHANGES TO			DRS IN 12
SIGNATURE	m familiar with, and accept the of Signature, typed or printed name of registere OFFICERS	d agent and title if applicable.  S AND DIRECTORS	(NOTE: Registere	atutes. ed Agent si		d when reinstating)	CHANGES TO		AND DIRECTO	
SIGNATURE 12. TITLE	im familiar with, and accept the ob- Signature, typed or printed name of registere OFFICERS D	d agent and title if applicable.  S AND DIRECTORS	(NOTE: Registere  13 TE 1.1 1.21	atutes.  ed Agent si	ignature required	d when reinstating)	CHANGES TO		AND DIRECTO	
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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)(i), 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.

STREET ADDRESS

**FILED** 

Jan 20, 1999 8:00am

**Secretary of State** 

01-20-1999 90010 020 \*\*\*150.00