

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003062

1. Entity Name

GARDEN LAKE CONDOMINIUM ASSOCIATION, INCORPORATE

Principal Place of Business

2001 ALPINE ROAD SUITE 19
CLEARWATER FL 33757

Mailing Address

2001 ALPINE ROAD SUITE 19
CLEARWATER FL 33757

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 8809
Suite, Apt. #, etc.

City & State

City & State

Seminole, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

33775

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIMSHONI, MIKE

2001 ALPINE ROAD SUITE 19
CLEARWATER FL 33757

Name: Mike Shimshoni

Street Address (P.O. Box Number is Not Acceptable)

4920 15th Ave S.

City Gulfport, FL

FL

Zip Code

33707

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.

SIGNATURE

M. Shimshoni - Mike Shimshoni

4-1-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Mike Shimshoni, P.V.T.S. ☐ Delete
STREET ADDRESS 4920 15th Ave S. #5 D
CITY-ST-ZIP Gulfport, FL 33707

TITLE NAME Julius Moley D ☐ Delete
STREET ADDRESS 2001 Alpine Rd. Suite #19
CITY-ST-ZIP Clearwater, FL 33757

TITLE NAME Mary Ring D ☐ Delete
STREET ADDRESS 2001 Alpine Rd. Suite #19
CITY-ST-ZIP Clearwater, FL 33757

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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:

M. Shimshoni - Mike Shimshoni

4-1-01 (727) 327-8423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 19, 2001 8:00 am
Secretary of State

04-20-2001 90120 001 ***661.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)