EDWIN D. STACKHOUSE

FILED Apr 29, 2004 8:00 am Secretary of State

ANNUAL REPORT	
DOCUMENT # N0200008415	(III

1. Entity Name GARDEN LAKES	AT COLONIAL SEC ASSOCIATION, INC	CTION I				04-29-2004	90259 047 ****	61.25		
Principal Place of Business C/O PULTE HOME CORPORATION 9148 BONITA BEACH ROAD, SUITE 102 BONITA SPRINGS, FL 34135 Mailing Address C/O INTEGRATED PROPERTY M 3435-10TH STREET, N. #201 NAPLES, FL 34103				IGMT.		8831 8 51 8 37 88111 88111 88111	9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	 		
2. Principal Place of Bu	3. Mailing Address	. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03302004	Chg-NP	CR2E037 (10/03)			
City & State		City & State			4. FFI Number	1354641		Applied For Not Applicable		
Zip	Country	Zip	Cou	ıntry		of Status Desired	□ \$8.75 A	dditional		
6. Nan	ne and Address of Current F	Registered Agent		N	7. Name and	Address of New R	· · · · · · · · · · · · · · · · · · ·			
KEMPTON, JOHN C/O PULTE HOME	Name									
9148 BONITA BEA	CH ROAD, SUITE 102			Street Address (P.O. Box Number is Not Acceptable)						
BONITA SPRINGS	, <u>g</u> t 34135			City			FL Zip Co	ode		
The above named en the obligations of reg	tity submits this statement for	the purpose of changing its	registere	ed office or register	ed agent, or both	n, in the State of Flo		h, and accept		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Due by	May 1, 2004 OFFICERS AND DIRE	Trust Fund Co			Added to Fees		da Department of			
TITLE PD STACKH STREET ADDRESS 9148 BC	HOUSE, EDWIN D INITA BEACH RD., SUITE SPRINGS, FL 34135	☐ Delete			ADDITIONS/CHA	NGES TO OFFICER	RS AND DIRECTORS Change			
NAME MEEKS, W. MICHAEL NAW STREET ADDRESS 9148 BONITA BEACH ROAD, SUITE 102 STREET							☐ Change	☐ Addition		
NAME RAY, LA STREET ADDRESS 9148 BO	RAY, LAURA NAM 9148 BONITA BEACH ROAD, SUITE 102 STRE			1			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS			☐ 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: SIGNATURE SIGNATURE Date Date										