

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02768

1. Entity Name

"GARDEN LAKES VILLAGE 2 ASSOCIATION, INC."

Principal Place of Business

200 S WASHINGTON BV #4
SARASOTA FL 34236

Mailing Address

200 S WASHINGTON BV #4
SARASOTA FL 34236-6957

2. Principal Place of Business

MA-CON, INC.
2198 Princeton St., #20
Sarasota, FL 34237

3. Mailing Address

MA-CON, INC.
2198 Princeton St., #20
Sarasota, FL 34237

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90155 011 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2480914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEIL WARREN
MA-CON, INC.
2198 Princeton St., #20
Sarasota, FL 34237

7. Name and Address of New Registered Agent

Name

Warren Weil

MA-CON, INC.
2198 Princeton St., #20
Sarasota, FL 34237

(e)

FL

Zip Code

MA-CON, INC.

for the purpose of changing its registre

Florida.

SIGNATURE

Warren Weil

4-24-2000

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

(NOTE: Registered Agent 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

TITLE ☒ SD ☐ Delete

NAME MCKENZIE, LETTICE
STREET ADDRESS 3605 GARDEN LAKES CLENET
CITY-ST-ZIP BRADENTON FL

TITLE ☒ PD ☐ Delete

NAME FOWLER, WILLIAM
STREET ADDRESS 3602 GARDEN LAKES CLENET
CITY-ST-ZIP BRADENTON FL

TITLE ☒ D ☐ Delete

NAME MILTON, THOMAS
STREET ADDRESS 3604 GDN LKS CLENET
CITY-ST-ZIP BRADENTON FL

TITLE ☒ VPD ☐ Delete

NAME RIGOULOT, WILLIAM
STREET ADDRESS 5704 GARDEN LAKES CLENET
CITY-ST-ZIP BRADENTON FL

TITLE ☒ TD ☐ Delete

NAME MAYERS, GERARD
STREET ADDRESS 5618 GARDEN LAKES MAJESTIC
CITY-ST-ZIP BRADENTON FL

TITLE ☐ ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
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:

W L Fowler
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 366-8480

CR2E037 (9/99)