

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90350 017 \*\*\*\*61.25

**DOCUMENT # N02768**

1. Entity Name

**"GARDEN LAKES VILLAGE 2 ASSOCIATION, INC."**

Principal Place of Business

**MA-CON INC  
2198 PRINCETON ST #20  
SARASOTA FL 34237**

Mailing Address

**MA-CON INC  
2198 PRINCETON ST #20  
SARASOTA FL 34237**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**WEIL, WARREN  
MA-CON INC  
2198 PRINCETON ST #20  
SARASOTA FL 34237**

Name

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

City

**FL**

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>D</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>MCKENZIE, LETTICE</b>	
CITY-ST-ZIP	<b>3605 GARDEN LAKES CLENET BRADENTON FL</b>	
TITLE NAME	<b>P</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>MILTON, TOM</b>	
CITY-ST-ZIP	<b>3604 GARDEN LAKES CLENET BRADENTON FL 34203</b>	
TITLE NAME	<b>VPD</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>RIGOULOT, WILLIAM</b>	
CITY-ST-ZIP	<b>5704 GARDEN LAKES CLENET BRADENTON FL</b>	
TITLE NAME	<b>TD</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>MAXERS, GERARD</b>	
CITY-ST-ZIP	<b>5618 GARDEN LAKES MAJESTIC BRADENTON FL</b>	
TITLE NAME	<b>S</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>HUGHES, RUTH</b>	
CITY-ST-ZIP	<b>5612 GARDEN LAKES MAJESTIC BRADENTON FL 34203</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>RAJKOWSKI, JUDY</b>	
CITY-ST-ZIP	<b>5613 Garden Lakes Majestic Bradenton, Fl 34203</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>MAYERS, GERARD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**THOMAS K. MILTON** **THOMAS K. MILTON Pres 4/11/02 366-8480**

CR2E037 (9/01)