


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90339 020 \*\*\*\*61.25

<b>DOCUMENT # N02768</b>	
<b>1. Entity Name</b> "GARDEN LAKES VILLAGE 2 ASSOCIATION, INC."	

<b>Principal Place of Business</b> MA-CON INC 2198 PRINCETON ST #20 SARASOTA FL 34237	<b>Mailing Address</b> MA-CON INC 2198 PRINCETON ST #20 SARASOTA FL 34237
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

<b>4. FEI Number</b> 59-2480914	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b>	
WEIL, WARREN MA-CON INC 2198 PRINCETON ST #20 SARASOTA FL 34237	
<b>7. Name and Address of New Registered Agent</b>	
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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOMLEY, W SCOTT	NAME	Blomeley, W. Scott
STREET ADDRESS	5614 GARDEN LAKES MAJESTIC	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34203	CITY-ST-ZIP	
TITLE	SD	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANSKY, JAMES	NAME	Hughes, Ruth
STREET ADDRESS	3610 GARDEN LAKES CLENET	STREET ADDRESS	5612 Garden Lakes Majestic
CITY-ST-ZIP	BRADENTON FL 34203	CITY-ST-ZIP	Bradenton, FL 34203
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGOULOT, WILLIAM	NAME	
STREET ADDRESS	5704 GARDEN LAKES MAJESTIC	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34203	CITY-ST-ZIP	
TITLE	TD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXERS, GERARD	NAME	Mayers, Gerard
STREET ADDRESS	5618 GARDEN LAKES MAJESTIC	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRABB, MARTHA	NAME	
STREET ADDRESS	5615 GARDEN LAKES MAJESTIC	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34203	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** *William Rigoulot* Pres. WILLIAM RIGOULOT 4/21/05 (941) 366-8480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #