

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90203 045 ****61.25

DOCUMENT # N02769

1. Entity Name
GARDEN LAKES VILLAS 2 ASSOCIATION, INC.



Principal Place of Business
**4920 FRUITVILLE RD
SARASOTA, FL 34232**

Mailing Address
**4920 FRUITVILLE RD
SARASOTA, FL 34232**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2480922

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEIL, WARREN
4920 FRUITVILLE RD
SARASOTA, FL 34232**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
SIMARI, JAMES
5704 GARDEN LAKES DR
BRADENTON, FL 34203** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MARTINAGE, DONALD
5642 GARDEN LAKES PALM
BRADENTON, FL 34203** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
ZASTROW, DICK
5707 GARDEN LAKES PALM
BRADENTON, FL 34203** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
TRUELLE, VIRGINIA
5634 GARDEN LAKES PALM
BRADENTON, FL 34203** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RYAN, BILL
5642 GARDEN LAKES DRIVE
BRADENTON, FL 34203** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

James Simari VP James Simari

4/25/08 941343-1002

Date

Daytime Phone #