

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02769

FILED
Apr 14, 2009
Secretary of State

Entity Name: GARDEN LAKES VILLAS 2 ASSOCIATION, INC.

Current Principal Place of Business:

4920 FRUITVILLE RD
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

4920 FRUITVILLE RD
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 59-2480922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEIL, WARREN
4920 FRUITVILLE RD
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: SIMARI, JAMES
Address: 5704 GARDEN LAKES DR
City-St-Zip: BRADENTON, FL 34203

Title: PD () Delete
Name: MARTINAGE, DONALD
Address: 5642 GARDEN LAKES PALM
City-St-Zip: BRADENTON, FL 34203

Title: TD () Delete
Name: ZASTROW, DICK
Address: 5707 GARDEN LAKES PALM
City-St-Zip: BRADENTON, FL 34203

Title: SD () Delete
Name: TRUELLE, VIRGINIA
Address: 5634 GARDEN LAKES PALM
City-St-Zip: BRADENTON, FL 34203

Title: D () Delete
Name: RYAN, BILL
Address: 5642 GARDEN LAKES DRIVE
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: HARPER, PAT
Address: 5643 GARDEN LAKES PALM
City-St-Zip: BRADENTON, FL 34203

Title: PD (X) Change () Addition
Name: THARP, HAROLD
Address: 5724 GARDEN LAKES DRIVE
City-St-Zip: BRADENTON, FL 34203

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DIAGO, RAUL
Address: 5711 GARDEN LAKES PALM
City-St-Zip: BRADENTON, FL 34203

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD THARP

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date