

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N11414 (2)

1. Corporation Name

THE GARDEN PATIOS OF CAPE CORAL CONDOMINIUM ASSO  
CIATION, INC.

Principal Place of Business

% PROFESSIONALLY YOURS, INC.  
P.O. BOX 831  
CAPE CORAL FL 33910

Mailing Address

% PROFESSIONALLY YOURS, INC.  
P.O. BOX 831  
CAPE CORAL FL 33910

3. Date Incorporated or Qualified  
10/03/1985

3a. Date of Last Report  
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLSON, BARBARA  
1342 SE 46TH LANE #3  
CAPE CORAL FL 33904

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and the date printed)

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, FRANCINE	
STREET ADDRESS	22700 GORDON SWITCH	
CITY-STATE-ZIP	SAINT CLAIR SHORES MI	
TITLE	PVD	<input type="checkbox"/> DELETE
NAME	RAMLOW, ARLENE	
STREET ADDRESS	3915 SW 9TH AVE #117	
CITY-STATE-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DE CAUSSIN, ROBERT	
STREET ADDRESS	16998 KINGSBROOKE	
CITY-STATE-ZIP	MT. CLEMENS MI	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ROUNSIFER, CARIANN	
STREET ADDRESS	3828 SW 8TH COURT #108	
CITY-STATE-ZIP	CAPE CORAL FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOWARD, JAMES	
STREET ADDRESS	3915 SW 9TH AVE #119	
CITY-STATE-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	COLVER, DAYTON	
13 STREET ADDRESS	3828 SW 8TH COURT #108	
14 CITY-STATE-ZIP	CAPE CORAL, FL 33914	
21 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	BOYLAN, JAMES	
43 STREET ADDRESS	3828 SW 8TH COURT #107	
44 CITY-STATE-ZIP	CAPE CORAL, FL 33914	
51 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	ROUNSIFER, AARON	
53 STREET ADDRESS	3828 SW 8TH COURT, #108	
54 CITY-STATE-ZIP	CAPE CORAL, FL 33914	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 its receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Dayton Colver

CR2E037 (12/95)