


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90034 006 ****61.25

DOCUMENT # N11414 1. Entity Name THE GARDEN PATIOS OF CAPE CORAL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % PROFESSIONALLY YOURS, INC. P.O. BOX 100831 CAPE CORAL, FL 33910 US			Mailing Address %PROFESSIONALLY YOURS INC PO BOX 100831 CAPE CORAL, FL 33910 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2645960	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CAMPBELL, PHILIP PROFESSIONALLY YOURS INC 1342 SE 46TH LANE CAPE CORAL, FL 33904				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 _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DECAUSSIN, ROBERT		NAME	DECAUSSIN, ROBERT	
STREET ADDRESS	3918 SW 9TH AVE #118		STREET ADDRESS	15780 AMORE	
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP	CLINTON TOWNSHIP, MI 48038	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUCCA, JOHN		NAME		
STREET ADDRESS	3915 SW 9TH AVE #119		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PYLE, JEAN		NAME		
STREET ADDRESS	3828 SW 8TH COURT #106		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYLAN, JAMES		NAME		
STREET ADDRESS	3828 SW 8TH COURT #107		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHMID, EUGENE		NAME	HEATH, MARY ELLEN	
STREET ADDRESS	26169 KILTARTON STREET		STREET ADDRESS	10137 EVERGREEN LANE	
CITY-ST-ZIP	FARMINGTON HILL, MI 48334		CITY-ST-ZIP	STANWOOD, MI 49346	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	BURKE, RICHARD J.	
STREET ADDRESS			STREET ADDRESS	3914 SW 8 COURT #104	
CITY-ST-ZIP			CITY-ST-ZIP	CAPE CORAL, FL 33914	
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 3/29/04 (288) mch. Daytime Phone # 228-1703		