


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90173 044 ****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			
Zip	Country	Zip	Country	4. FEI Number 59-2645960	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TEAGUE, GEORGE PROFESSIONALLY YOURS INC 2517 Santa Barbara Blvd., #11 Cape Coral, FL 33914				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
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, 2006		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DECAUSSIN, ROBERT		NAME		
STREET ADDRESS	15780 AMORE		STREET ADDRESS		
CITY-ST-ZIP	CLINTON TOWNSHIP, MI 48038		CITY-ST-ZIP		
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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEATH, MARY ELLEN		NAME		
STREET ADDRESS	10139 EVERGREEN LANE		STREET ADDRESS		
CITY-ST-ZIP	STANWOOD, MI 49346		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Director	
STREET ADDRESS			STREET ADDRESS	Edith Bayla	
CITY-ST-ZIP			CITY-ST-ZIP	3828 SW 8th Ct. #107	
CITY-ST-ZIP			CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE		<input type="checkbox"/> Delete	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 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: 			Date: 4-21-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					