

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90030 026 ****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

40044020



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

SW 8th Court

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142007

Chg-NP

CR2E037 (12/06)

City & State
Cape Coral, FL

City & State

4. FEI Number
59-2645960

Applied For
Not Applicable

Zip
33914

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TEAGUE, GEORGE
PROFESSIONALLY YOURS INC
2517 SANTA BARBARA BLVD STE 11
CAPE CORAL, FL 33914**

7. Name and Address of New Registered Agent

Name

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

2503 Del Prado Blvd, #500

City
Cape Coral

FL

Zip Code
33904

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, 2007**

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 PD
NAME DECAUSSIN, ROBERT ☐ Delete
STREET ADDRESS 15780 AMORE
CITY-ST-ZIP CLINTON TOWNSHIP, MI 48038

TITLE VD
NAME BUCCA, JOHN ☐ Delete
STREET ADDRESS 3915 SW 9TH AVE #119
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE SD
NAME PYLE, JEAN ☒ Delete
STREET ADDRESS 3828 SW 8TH COURT #106
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE TD
NAME HEATH, MARY ELLEN ☐ Delete
STREET ADDRESS 10139 EVERGREEN LANE
CITY-ST-ZIP STANWOOD, MI 49346

TITLE D
NAME BAYLON, EDITH ☐ Delete
STREET ADDRESS 3828 SW 8TH CT 107
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME **Secretary**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Dino Morelli**
STREET ADDRESS **14860 Paris Ct.**
CITY-ST-ZIP **Allen Park, MI 48101**

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:

Robert A. Decaussin

3-16-07

(239) 542-6761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #