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Jun 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N 24904 (7)

1. Corporation Name

THE GARDEN HOMES AT MOON LAKE ASSOCIATION

Principal Place of Business

5019 ECLIPSE CT
NAPLES FL 34104

Mailing Address

2406 IVY AVE
FT MYERS FL 33907

3. Date Incorporated or Qualified

02/18/1988

3a. Date of Last Report

1996

2. Principal Place of Business

21 5019 ECLIPSE CT

2a. Mailing Address

26 2406 IVY AVE

4. FEI Number

65-0327627

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 NAPLES FL

City & State

28 FT MYERS FL

Zip

24 34104

Country

25 Collier

Zip

29 33907

Country

30 LEE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANK GORDON
5026 ECLIPSE CT
NAPLES FL 34104

81 Name

ROSANNE STOTT

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

2406 IVY AVE

83

84 City FT MYERS

FL

85 Zip Code

33907

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

Rosanne Stott 6/2/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP/D
NAME Steve Bromwich
STREET ADDRESS 2180 W FIRST ST
CITY-ST-ZIP FT MYERS FL 33901

TITLE S/T/D
NAME RICHARD COUCH
STREET ADDRESS 2180 W FIRST ST
CITY-ST-ZIP FT MYERS FL 33901

TITLE PRES/D
NAME FRANK GORDON
STREET ADDRESS 5026 ECLIPSE CT
CITY-ST-ZIP NAPLES FL 34104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE PRES/D
2.2 NAME RICHARD COUCH
2.3 STREET ADDRESS 2180 W FIRST ST
2.4 CITY-ST-ZIP FT MYERS FL 33901

3.1 TITLE S/T/D
3.2 NAME Peter Speirs
3.3 STREET ADDRESS 5027 ECLIPSE CT
3.4 CITY-ST-ZIP NAPLES FL 34104

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 the 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 on an attachment with an address.

SIGNATURE:

S. J. Bromwich

June 11 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)