

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90009 011 ****70.00

DOCUMENT # N24904

1. Corporation Name

THE GARDEN HOMES AT MOON LAKE ASSOCIATION, INC.

Principal Place of Business
5019 ECLIPSE COURT
NAPLES FL 34104

Mailing Address
2406 IVY AVE
FT MYERS FL 33907



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
02/18/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0327627

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOTT, ROSANNE
2406 IVY AVE
FT MYERS FL 33907

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD ☒ DELETE
NAME BROMWICH, STEVE
STREET ADDRESS 2180 W FIRST ST.
CITY-ST-ZIP FT MYERS FL 33901

1.1 TITLE VPO ☒ Change ☐ Addition
1.2 NAME WILLIAM KONRATH
1.3 STREET ADDRESS 1184 JARDIN DR
1.4 CITY-ST-ZIP NAPLES FL 34104

TITLE PD ☒ DELETE
NAME COUCH, RICHARD
STREET ADDRESS 2180 W FIRST ST
CITY-ST-ZIP FT MYERS FL 33901

2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME ERIC C MILLER JR
2.3 STREET ADDRESS 1520 Royal Palm Sr. Blvd, Suite 360
2.4 CITY-ST-ZIP FT MYERS FL 33919

TITLE STD ☒ DELETE
NAME SPEIRS, PETER
STREET ADDRESS 5027 ECLIPSE CT
CITY-ST-ZIP NAPLES FL 34104

3.1 TITLE STD ☒ Change ☐ Addition
3.2 NAME FRANK TUCKER JR
3.3 STREET ADDRESS 214 N. HOGAN ST
3.4 CITY-ST-ZIP Jacksonville FL 32202

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. 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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/99 (741) 275-8029

Date

Daytime Phone #

CR2E037 (5/99)