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Apr 13, 1999 8:00 am
Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N25332

1. Corporation Name
GARDEN OAKS HOMEOWNERS ASSOCIATION, INC.

434830 - 90221 - 4

Principal Place of Business	Mailing Address
4100 LAZY HAMMOCKS RD PALM BEACH GARDENS FL 33410 US	4100 LAZY HAMMOCKS RD PALM BCH GARDENS FL 33410 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/10/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0034381 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GELFAND, MICHAEL J
ONE CLEARLAKE CENTRE, SUITE 1010
250 SOUTH AUSTRALIAN AVENUE
WEST PALM BEACH FL 33401-5012

10. Name and Address of New Registered Agent

81 Name: LESTER TAYLOR C/O G.O.H.A. INC
82 Street Address (P.O. Box Number is Not Acceptable): 4100 LAZY HAMMOCKS RD
83: PALM BEACH GARDENS
84 City: PALM BEACH GARDENS FL 85 Zip Code: 33410

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: Lester Taylor — APRIL 3, 1999
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	PD	☑ DELETE	1.1 TITLE	SVP-D	☐ Change ☑ Addition
NAME	TRUFFA, JOHN		1.2 NAME	JEAN CARVER	
STREET ADDRESS	4244 ROYAK OAKS DR		1.3 STREET ADDRESS	8515 DOVERBROOK ROAD	
CITY-ST-ZIP	PALM BEACH GARDEN FL		1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, LESTER		2.2 NAME		
STREET ADDRESS	4252 ROYAL OAKS DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		2.4 CITY-ST-ZIP		
TITLE	~~PD~~ PD	☐ DELETE	3.1 TITLE	PD	☐ Change ☐ Addition
NAME	BRADY, TERENCE		3.2 NAME	TERENCE BRADY	
STREET ADDRESS	4409 LACEY OAK DR		3.3 STREET ADDRESS	4409 LACEY OAK DR.	
CITY-ST-ZIP	PALM BEACH FL 33410		3.4 CITY-ST-ZIP	PALM BEACH GDNS, FL 33410	
TITLE	SVPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SPIEGEL, NORMAN		4.2 NAME		
STREET ADDRESS	8464 BEACONHILL ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		4.4 CITY-ST-ZIP		
TITLE	T D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, DARRELL E		5.2 NAME		
STREET ADDRESS	4136 OLD OAK DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CRPE037 (11/98)

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: Lester Taylor **REQUIRED** — MAR 26, 1999 — 561-622-9926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #