1999 : . .



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Secretary of State

Feb 08, 1999 8:00am

02-08-1999 90042 023 ****61.25

FILED

DOCUMENT # N29448

1. Corporation Name

GARDEN TRAIL A P.U.D. HOMEOWNERS ASSOCIATION, IN

Principal Place of Business		•
9121 N. MILITARY, TRAIL		1 4 4 5 1 1 4 4 1
PALM REACH GARDENS EL 334	10	

Mailing Address
9121 N. MILITARY TRAIL
SUITE 101
PALM BEACH GARDENS F

101 BEACH GARDENS FL 33410		
	· ·	

2. 21	Principal Place of Business	2a. Mailing Address	•	1	3. Date incorporated or 11/28/1988	Qualifed		
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number 65-0121979	· · · · · · · · · · · · · · · · · · ·	Applied For Not Applicable	
23	City & State	City & State		,	5. Certificate of Status I	Desired 🔲	\$8.75 Additional Fee Required	
24	Zip Country 25	Zip 29	Country 30		1	7 11	\$5.00 May Be Added to Fees	
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
			81	Name				
	DEFILIPPO, FRANK			te 5-0121979 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required Country 6. Election Campaign Financing \$5.00 May Be Added to Fees 10. Name and Address of New Registered Agent				
	PALM BEACH GARDENS FL 33410				,			
			84	City			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 of fiftie 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							
12.	OFFICERS AND DIRECTORS	13.		FFICERS AN			
TITLE	PTD □ DELETE	1.1 TITLE			☐ Change	· Addition	
NAME	CORCOKIOS, NICK	1.2 NAME	<u>.</u> .	•			
STREET ADDRESS	9121 N. MILITARY TRAIL	1.3 STREET ADDRESS	원하는 사람이 있습니다.		•		
CITY-ST-ZIP	PALM BCH GARDENS FL	1.4 CITY-ST-ZIP					
TITLE	VSD DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME .	DEFILIPPO, FRANK	2.2 NAME		4.			
STREET ADDRESS	9121 N. MILITARY TRAIL	2.3 STREET ADDRESS		F-4			
CITY-ST-ZIP	PALM BCH GARDENS FL	2.4 CITY-ST-ZIP			•		
TITLE	D DELETE	3.1 TITLE			☐ Change	Addition	
NAME TO SE	CORCOKIOS, VICKI	3.2 NAME					
STREET ADDRESS	9121 N. MILITARY TRAIL	3.3 STREET ADDRESS	•	•			
CITY ST ZIP	PALM BCH GARDENS FL	3.4. CITY-ST-ZIP					
TITLE	☐ DELETE	4.1 TITLE			☐ Change	1 Addition	
NAME Stank Might	4年整约。 第1章 15章 15章 15章 15章 15章 15章 15章 15章 15章 1	4. 2 NAME		19 121	~ 1 # .cm + m+/-	o zaktital	
STREET ADDRESS	1911 A T	4.3 STREET ADDRESS	4				
CITY-ST-ZIP	ME なりょう See to	4.4 CITY-ST-ZIP		h in the st	50(110)		
TITLE	☐ DELETE	5.1 TITLE	,		☐ Change	☐ Addition	
NAME	·	5.2 NAME		1			
STREET ADDRESS	North Control of the	5.3 STREET ADDRESS					
CITY-ST-ZIP	<u>P0</u>	5.4 CITY-ST-ZIP					
TITLE	DEBUTE DELETE	6.1 TITLE			Change	Addition	
NAME :	9110 N. CARTIER 1 - 1	6.2 NAME		•			
STREET ADDRESS	推断部分 在1000000000000000000000000000000000000	6.3 STREET ADDRESS					
CITY-ST-ZIP	YOU THE THE PARTY OF THE PARTY	6.4 CITY-ST-ZIP	· ·	•			

4. 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:

SIGNATURED WATER AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

119199

561-694-2674

XX/LL /YCL/