FINE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

27081 MATHESON AVE

BONITA SPRINGS FL 34135

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90020 006 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000065377**1. Corporation Name

Principal Place of Business

BONITA SPRINGS FL 34135

SIGNATURE:

27081 MATHESON AVE

GARDENS AT FORT MYERS, INC.

JS US				DO NOT WRITE IN THIS SE				
00					3. Date Incorporated or Qualifed 07/29/1997			
Principal Place of Business 2a. Mailing Address					4. FEI Number	A	oplied For	
21		26			65-0772314	No.	ot Applicable	
Suite, Apt. #, etc. Suite, Apt.			t. #, etc.		5. Certificate of Status Desired	\$8.75	Additional	
22		27			5. Certifcate of Status Desired	Fee R	equired	
City & State City & State				6. Election Campaign Financing \$5:00 May Be			-May Be	
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Zip Country		This corporation owes the current year Intangible			
24	25	29	30		Personal Property Tax.	. ☐ Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agent		
		,		81 Name				
KODSI, DANIEL				82 Street Address (P.O. Box Number is Not Acceptable)				
27081 MATHESON AVE				Of Street Address (1.0, box Hallison to Not Assessment)				
BONITA SPRINGS FL 34135				83				
			}	84 City		85 Zip	Code	
	٦ .			1	· .	FL T	i	
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes	s, the at	ove-named corp	oration submits this statement for the purpoon's board of directors. I hereby accept the	se of changing its	s registered	
office or r	egistered agent to both, in the State of	f Florida, Such change was au ons of Section 607 0505. Flori	thorized da Statu	by the corporation	on's board of directors, I hereby accept the	appointment as re	egistered	
	min landina with, 11 access the deligation	inel Kodsi			-1.,	, 199		
SIGNATURE	Signature, typed or p intell name of registered agent	and title if applicable. (NOTE: f	Registered .	Agent signature required	d when reinstating) DA	TE .		
12	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER			
TITLE	D	☐ DELETE	1,1 111	LE	and the second of	Change	Addition	
NAME KODSI, DANIEL			1.2 NA	ME		•		
STREET ADDRESS 1499 W PALMETTO PARK ROAD #200				REET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 CII	Y-ST-ZIP				
TITLE		☐ DELETE	2.1 TIT	LE	,	Change	☐ Addition	
NAME	,		2.2 NA	ME			Ţ	
STREET ADDRESS			2.3 ST	REET ADDRESS				
CITY-ST-ZIP			2. 4 CI	TY-ST-ZIP				
TITLE		☐ DELETE	3.1 TIT	LE		Change	Addition	
NAME .	·		3.2 NA	ME			1	
STREET ADDRESS	i i		3.3 ST	REET ADDRESS	المراجع	高温大学的经验	3144 3 39443331	
CITY-ST-ZIP	· ·		3.4. CI	TY-ST-ZIP		<u> Nestalia</u>	1 11 7 1	
TITLE		☐ DELETE	4.1 717	le l	A STATE OF THE STA	🐪 🔲 Change	Addition	
NAME			4, 2 N	AME				
STREET ADDRESS			4.3 ST	REET ADDRESS				
CITY-ST-ZIP	, and the second		4.4 CT	TY-ST-ZIP	•			
TITLE		☐ DELETE	5.1 TIT	LE LE		☐ Change	☐ Addition	
NAME			5.2 NA	ME		•	1	
STREET ADDRESS			5.3 ST	REET ADDRESS	•		{	
CITY-ST-ZIP	*		5.4 CF	TY-ST-ZIP	the state of the s			
TITLE	1	☐ DELETE	6.1 TI	rle		Change	☐ Addition	
NAME			6.2 NA	ME			ſ	
·	· · ·		6.3 ST	REET ADDRESS				
STREET ADDRESS	1							

6.4 CITY-ST-ZIP

14. 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 supplierrental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or principal attachment with an address, with all other like empowered.