

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

DOCUMENT # V71085

(7)

1. Corporation Name:

GARDEN LAKES SOUTH, INC.

5/1/95
TALLAHASSEE, FLORIDA

Principal Place of Business:

**8466 N. LOCKWOOD RIDGE ROAD
SUITE 300
SARASOTA FL 34243**

Mailing Address:

**8466 N. LOCKWOOD RIDGE ROAD
SUITE 300
SARASOTA FL 34243**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/14/1992

3a. Date of Last Report
05/01/1994

4. FEI Number:
65-0338761

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. 190.032
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business:

21. Suite Apt # etc.

2a. Mailing Address:

26. Suite Apt # etc.

22. City & State:

27. City & State:

23. Zip:

24. Country:

28. Zip:

29. Country:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DESENBERG, TREY
8466 N. LOCKWOOD RIDGE ROAD
SUITE 300
SARASOTA FL 34243**

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 607.0602 and 607.1508, 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 607.0605, Florida Statutes.

SIGNATURE:

(Signature must be printed with the signature and the name of the registered agent.)

(Signature must be printed with the signature of the registered agent.)

(Signature must be printed with the signature of the registered agent.)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: **D**
NAME: **DESENBERG, TREY**
STREET ADDRESS: **8466 N. LOCKWOOD RIDGE RD., #300**
CITY, ST, ZIP: **SARASOTA FL**

1.1 TITLE: ☐ Change ☐ Addition

1.2 NAME:

1.3 STREET ADDRESS:

1.4 CITY, ST, ZIP:

2. TITLE: **V**
NAME: **APPLE, JERRY**
STREET ADDRESS: **8466 N. LOCKWOOD RIDGE RD., #300**
CITY, ST, ZIP: **SARASOTA FL**

2.1 TITLE: ☐ Change ☐ Addition

2.2 NAME:

2.3 STREET ADDRESS:

2.4 CITY, ST, ZIP:

3. TITLE:

NAME:

STREET ADDRESS:

CITY, ST, ZIP:

3.1 TITLE:

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY, ST, ZIP:

4. TITLE:

NAME:

STREET ADDRESS:

CITY, ST, ZIP:

4.1 TITLE:

4.2 NAME:

4.3 STREET ADDRESS:

4.4 CITY, ST, ZIP:

5. TITLE:

NAME:

STREET ADDRESS:

CITY, ST, ZIP:

5.1 TITLE:

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY, ST, ZIP:

6. TITLE:

NAME:

STREET ADDRESS:

CITY, ST, ZIP:

6.1 TITLE:

6.2 NAME:

6.3 STREET ADDRESS:

6.4 CITY, ST, ZIP:

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.02(4)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or liquidator empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Trey Desenberg, Inc.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95
Date

813-727-7000
Telephone Number