2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 187693

1. Entity Name
FORT PIERCE FLORIDA GARDEN ESTATES, INC.

Principal Place of Business	Mailing Address
18901 NE 29TH AVE., STE 100 AVENTURA, FL 33180	18901 NE 29TH AVE., STE 100 20801 BISCAYNE BLVD., #505 AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE

03172005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-6064927
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DADE COUNTY CORPORATE AGENTS, INC.
18901 NE 29TH AVE., STE 100
AVENTURA, FL 33180

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	POPICK, DAVID
STREET ADDRESS	1041 TUSCANY PLACE
CITY-ST-ZIP	WINTER PARKA, FL
TITLE	DP
NAME	PALLANT, JOSEPH L.
STREET ADDRESS	1201 WEST AVE #4
CITY-ST-ZIP	MIAMI, FL
TITLE	VP
NAME	FROMBERG, RHONA S.
STREET ADDRESS	3808 NE 209TH TERRACE
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	DSV
NAME	FROMBERG, LYNN W.
STREET ADDRESS	3808 NE 209TH TERRACE
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/25/05-60030-024 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ VP 3/15/05 305-933-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #