

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 27 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 723342 (2)**  
1. Corporation Name  
**ROOSEVELT GARDEN APARTMENTS CONDOMINIUM, INC**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**119-139 ROOSEVELT AVE  
COCOA BEACH FL 32931  
US** **P.O. BOX 272  
CAPE CANVERAL FL 32920  
US**

3. Date Incorporated or Qualified **05/04/1972** 3a. Date of Last Report **04/19/1994**  
4. FBI Number **59-2471108** 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**  
7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status  **\$68.75 Supplemental  
Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. Suits, Apt. #, etc. 26. Suits, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent  
**URIARTE, IDALIA  
4819 BANANA RIVER BLVD  
COCOA BEACH FL 32931**

10. Name and Address of New Registered Agent  
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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE *Thomas J. Donovan* **3/14/95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONOVAN, THOMAS</b>	1.2 NAME	
STREET ADDRESS	<b>1400 ISLAND DR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MERRITT ISLAND FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>ST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BISHOP, MONTE</b>	2.2 NAME	
STREET ADDRESS	<b>135 B. ROOSEVELT AVENUE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCOA BEACH FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUZZELL, WALTER</b>	3.2 NAME	
STREET ADDRESS	<b>131 A ROOSEVELT LANE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCOA BEACH FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAFFER, GERALD</b>	4.2 NAME	
STREET ADDRESS	<b>119 B ROOSEVELT AVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCOA BEACH FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>URIARTE, IDALIA</b>	5.2 NAME	
STREET ADDRESS	<b>4819 BANANA RIVER BLVD</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCOA BEACH FL</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE *Thomas J. Donovan* **3/14/95** **407-484-7600**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #