


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90129 012 ****61.25

DOCUMENT # 723342					
1. Entity Name ROOSEVELT GARDEN APARTMENTS CONDOMINIUM, INC.					
Principal Place of Business 119-139 ROOSEVELT AVE COCOA BEACH, FL 32931 US			Mailing Address 1617 COOLING AVE MELBOURNE, FL 32935 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SPACE COAST PROPERTY MANAGEMENT 1617 COOLING AVE MELBOURNE, FL 32935				Name <i>Advanced Property Management</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>10707 N. Wickham Road</i>	
				<i>Suite 213</i>	
				City <i>Melbourne</i> FL Zip Code <i>32940</i>	
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 <i>Vickie Martin</i>		SIGNATURE <i>VICKIE MARTIN</i>		DATE <i>4-12-05</i>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOVAN, TOM		NAME		
STREET ADDRESS	573 CAPRI RD		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGEN TOGLER, MIKE		NAME		
STREET ADDRESS	127-A ROOSEVELT AVE		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFFER, GERALD		NAME		
STREET ADDRESS	119 B ROOSEVELT AVE		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGHEE, RAYMOND		NAME		
STREET ADDRESS	396 HARBOUR DR		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP		
TITLE	TDD	<input checked="" type="checkbox"/> Delete	TITLE	<i>D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYER, FRANK		NAME	<i>Kim Vaccaro</i>	
STREET ADDRESS	112 ROOSEVELT AVE		STREET ADDRESS	<i>123 D Roosevelt Avenue</i>	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	<i>Cocoa Beach, FL 32931</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 617, 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: <i>T. Donovan</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>T-DONOVAN PRES</i>		DATE <i>4/20/05</i> DAYTIME PHONE # <i>784-8187</i>	