2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State
04-18-2006 90086 007 ****61.25

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1. Entity Name
FOURTH GULFSTREAM GARDEN APARTMENTS CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
% LANDMARK MANAGEMENT SERVICES 12323 SW 55TH ST., SUITE 1002 COOPER CITY, FL 33330	% LANDMARK MANAGEMENT SERVICES 12323 SW 55TH ST., SUITE 1002 COOPER CITY, FL 33330

50013320

04062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1434816
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LANDMARK MANAGEMENT SERVICES
12325 SW 55ST
STE 1002
COOPER CITY, FL 33330

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALBEKE, M. LORRAINE
STREET ADDRESS	410 S.E. 2ND STREET
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	VP
NAME	TOBIN, ROSALIE
STREET ADDRESS	410 S.E. 2ND STREET
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	D
NAME	O'BRIEN, EDWARD
STREET ADDRESS	410 SE 2ND ST #310
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	SD
NAME	FINGER, MURIEL
STREET ADDRESS	410 S.E. 2ND STREET
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	TD
NAME	SADOWSKI, LORRAINE
STREET ADDRESS	410 S.E. 2ND STREET
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	D
NAME	KALOGERAKIS, RUBY
STREET ADDRESS	410 SE 2ND ST #409
CITY-ST-ZIP	HALLANDALE, FL 33309

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: M. Lorraine Albeke Pres. 4-12-06 954-456-7243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #