

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90001 010 ****61.25

DOCUMENT # N02000000751	
1. Entity Name FOURTH GULFSTREAM GARDEN APARTMENTS CONDOMINIUM, INC.	

Principal Place of Business % LANDMARK MANAGEMENT SERVICES 12323 SW 55TH ST., SUITE 1002 COOPER CITY, FL 33330	Mailing Address % LANDMARK MANAGEMENT SERVICES 12323 SW 55TH ST., SUITE 1002 COOPER CITY, FL 33330
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2. Principal Place of Business - Not P.O. Box # c/o Landmark Mgmt. Suite, Apt. #, etc. 1941 NW 150 Ave City & State Pembroke Pines FL 33028 Country USA	3. Mailing Address c/o Landmark Mgmt. Suite, Apt. #, etc. 1941 NW 150 Ave City & State Pembroke Pines FL 33028 Country USA
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40051000

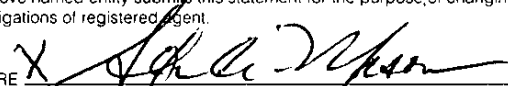


02162007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1434816	Applied For Not Applicable
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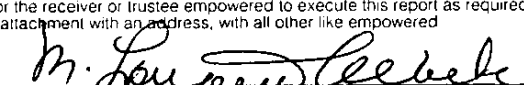
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LANDMARK MANAGEMENT SERVICES 12325 SW 55ST STE 1002 COOPER CITY, FL 33330	7. Name and Address of New Registered Agent Name: Steve A. Mason, PA Street Address (P.O. Box Number is Not Acceptable) 3363 Sheridan St. #201 City: Hollywood FL 33021
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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: 3/5/07

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBEKE, M. LORRAINE 410 S.E. 2ND STREET HALLANDALE, FL 33009 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOBIN, ROSALIE 410 S.E. 2ND STREET HALLANDALE, FL 33009 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRIEN, EDWARD 410 SE 2ND ST #310 HALLANDALE, FL 33009 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FINGER, MURIEL 410 S.E. 2ND STREET HALLANDALE, FL 33009 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SADOWSKI, LORRAINE 410 S.E. 2ND STREET HALLANDALE, FL 33009 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALOGERAKIS, RUBY 410 SE 2ND ST #409 HALLANDALE, FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 	DATE: 2/28/07