## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT # N02000000751

1. Entity Name

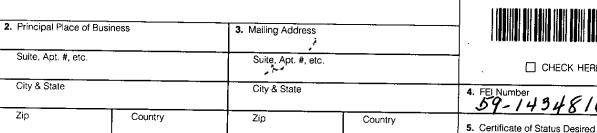
HALLANDALE FL 33009



Mar 10, 2003 8:00 am § Secretary of State 03-10-2003 90685 002 \*\*\*\*\*8.75 03-10-2003 90685 001 \*\*\*\*61.25

**FILED** 

FOURTH GULFSTREAM GARDEN APARTMENTS CONDOMINIUM, Principal Place of Business Mailing Address 410 S.E. 2ND STREET 410 S.E. 2ND STREET



HALLANDALE FL 33009

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1434816

Not Applicable \$8.75 Additional

Fee Required

Applied For

6. Name and Address of Current Registered Agent

MASON, STEVEN A ESQ.------3363 SHERIDAN STREET, SUITE 201 HOLLYWOOD FL 33021

	/: Name and Address of New Registered A	gent
;		

Street Address (P.O. Box Number is Not Acceptable)

City Zip Code

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.

Name

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW? FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE 2ND VPD V Delete TITLE ☐ Change ☐ Addition ALBEKE, M. LORRAINE NAME NAME ROSALIE TOBIN STREET ADDRESS 410 S.E. 2ND STREET STREET ADDRESS 410 SE2110 ST. CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-7/P HALLANDALE, FLA. 33009 **VPD** TITLE ☐ Delete TITLE ☐ Addition SADOWSKI, HENRY NAME NAME STREET ADDRESS 410 S.E. 2ND STREET STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP **Delete** DIRECTOR ☐ Addition COLLIER, FRANK NAME ROBERT BARASH STREET ADDRESS 410 S.E. 2ND STREET STREET ADDRESS 410 SE 2ND ST. CITY-ST-7/P HALLANDALE FL 33009 HALLANDALE FL. 33009 CITY-ST-ZIP SD ☐ Delete TITLE Change ☐ Addition FINGER, MURIEL NAME NAME STREET ADDRESS 410 S.E. 2ND STREET STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP TD Delete TIT! F ☐ Change ☐ Addition SADOWSKI, LORRAINE NAME NAME STREET ADDRESS 410 S.E. 2ND STREET STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HARRIS, LEON NAME NAME STREET ADDRESS 410 S.E. 2ND STREET STREET ADDRESS 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 appowered.

CITY-ST-ZIP

SIGNATURE:

|HALLANDALE FL 33009

icheke Pros SIGNAT

C14-456-7247