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FILED
Feb 19 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000005199 (1)

1. Corporation Name

GULFSTREAM GARDEN APARTMENTS II, INC.



Principal Place of Business
329 SE 3RD ST.
HALLANDALE FL 33009

Mailing Address
329 SE 3RD ST.
HALLANDALE FL 33009

3. Date Incorporated or Qualified

09/12/1997

4. FEI Number

65-0792333

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~FRIEDMAN, ROBERT J~~
~~1150 E. HALLANDALE BEACH BLVD., STE. A~~
~~HALLANDALE FL 33009~~

10. Name and Address of New Registered Agent

81 Name JACK J COLE
82 Street Address (P.O. Box Number is Not Acceptable) 329 SE 3RD ST.
83
84 City HALLANDALE FL 85 Zip Code 33009

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature]

JACK J. COLE PRESIDENT

1-30-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME COLE, JACK J
STREET ADDRESS 329 SE 3RD ST., APT 501T
CITY-ST-ZIP HALLANDALE FL 33009

☐ DELETE

TITLE DV
NAME DONSKY, AL
STREET ADDRESS 329 SE 3RD ST.
CITY-ST-ZIP HALLANDALE FL 33009

☐ DELETE

TITLE DT
NAME STEWART, VIOLA
STREET ADDRESS 329 SE 3RD ST.
CITY-ST-ZIP HALLANDALE FL 33009

☐ DELETE

TITLE DS
NAME PATTY, LOUISE
STREET ADDRESS 329 SE 3RD ST.
CITY-ST-ZIP HALLANDALE FL 33009

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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: *[Signature]* JACK J COLE 1-30-98 454-454-5322

CR2E037 (10/97)