

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000751

Entity Name: FOURTH GULFSTREAM GARDEN APARTMENTS
CONDOMINIUM, INC.**FILED**
Apr 10, 2018
Secretary of State
CC4924499186**Current Principal Place of Business:**8751 W BROWARD BLVD
400
PLANTATION, FL 33324**Current Mailing Address:**P.O. BOX 19439
PLANTATION, FL 33318 US**FEI Number: 59-1434816****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STEVEN S. VALANCY, P.A.
311 SE 13TH STREET
FORT LAUDERDALE, FL 33316 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIR/V PRES
Name	PESTIAN, TIMOTHY
Address	775 COUNTRY ROAD 42
City-State-Zip:	TORONTO OH 43964

Title	DIR/TREAS
Name	CHARRIERE, ROBERT S
Address	410 SE 2 ST APT 120
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	DIR
Name	WEISS, DOROTHY J
Address	410 SE 2 STREET APT 109
City-State-Zip:	HALLANDALE FL 33009

Title	DIR/PRES
Name	MEDINA, MARIA
Address	410 SE 2 ST APT 301
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	DIR/SEC
Name	HELLER, SILVIA
Address	410 SE 2 ST APT 307
City-State-Zip:	HALLANDALE BEACH FL 33009

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIA MEDINA**PRESIDENT****04/10/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date