

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005199

Entity Name: SECOND GULFSTREAM GARDEN CONDOMINIUM, INC.**Current Principal Place of Business:**329 SE 3RD ST.
HALLANDALE BEACH, FL 33009**Current Mailing Address:**P.O. BOX 2626
HALLANDALE BEACH, FL 33008 US**FEI Number:** 65-0792333**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOVIN, JAMES W ESQ
134 S DIXIE HWY STE 100
HALLANDALE BEACH, FL 33009 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	P
Name	MIDDLEBROOK, ALICE M
Address	329 SE 3RD ST
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	SECY
Name	COHEN, CHARLOTTE
Address	329 SE 3RD ST.,
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	D
Name	CRIVELLO, ANTONIO
Address	329 SE 3RD ST 403T
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	D
Name	MORTARA, KEYLA
Address	329 SE 3RD STREET 501T
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	VP
Name	BUCAR, NICK
Address	329 SE 3RD STREET
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	TRES
Name	LEDERER, RITA
Address	329 SE 3RD ST
City-State-Zip:	HALLANDALE BEACH FL 33009

Title	D
Name	CAVALIERI, EMILIO
Address	329 SE 3RD STREET
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: RITA LEDERER**TREAS****03/30/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date