

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000048791

**Entity Name:** GARDEN DEL REY APARTMENT, INC.

**Current Principal Place of Business:**

4113 RICHMERE ST.  
TAMPA, FL 33617

**Current Mailing Address:**

4113 RICHMERE ST.  
TAMPA, FL 33617

**FEI Number:** 20-2680396

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GONZALEZ, REYNALDO AII  
4113 RICHMERE ST.  
TAMPA, FL 33617 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 PD  
Name GONZALEZ, REYNALDO A  
Address 4113 RICHMERE ST.  
City-State-Zip: TAMPA FL 33617

Title ST  
Name GONZALEZ, REYNALDO AII  
Address 4113 RICHMERE ST.  
City-State-Zip: TAMPA FL 33617

Title V  
Name SHAWK, CARMEN E  
Address 4113 RICHMERE ST.  
City-State-Zip: TAMPA FL 33617

Title V  
Name CABRERA, MICHAEL J  
Address 4113 RICHMERE ST.  
City-State-Zip: TAMPA FL 33617

Title V  
Name CHRONIS, BARBARA L  
Address 4113 RICHMERE ST.  
City-State-Zip: TAMPA FL 33617

Title V  
Name GADOMSKI, LIZZETTE E  
Address 4113 RICHMERE ST.  
City-State-Zip: TAMPA FL 33617

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** REYNALDO A GONZALEZ II

ST

04/05/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date