

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90201 022 ***150.00

DOCUMENT # 228398

1. Entity Name

DIPLOMAT GARDEN APTS., INC.



Principal Place of Business

801-851 ATLANTIC SHORES BLVD
HALLANDALE FL 33009

Mailing Address

801-851 ATLANTIC SHORES BLVD
HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-0900205

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IRENE HOWARD
801 ATLANTIC SHORES BLVD.
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

Linda Kosloski

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

801 Atlantic Shores Blvd - Office

City

Hallandale Beach

FL

Zip Code

33009

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.

SIGNATURE

Linda Kosloski

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, EVARTS	
STREET ADDRESS	851 ATLANTIC SHORES BLVD.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NADEN, CLAUDE	
STREET ADDRESS	851 ATLANTIC SHORES BLVD.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	FORTIN, MYRTHE	
STREET ADDRESS	851 ATLANTIC SHORES BLVD.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRISTOFARO, MARIA	
STREET ADDRESS	801 ATLANTIC SHORES BV	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUCHESNE, MARCEL	
STREET ADDRESS	851 ATLANTIC SHORES BLVD.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, FRED	
STREET ADDRESS	801 ATLANTIC SHORES BLVD.	
CITY-ST-ZIP	HALLANDALE FL 33009	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARC PINEAU	
STREET ADDRESS	851 ATLANTIC SHORES BLVD. #130	
CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NADON, CLAUDE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S.T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLUZI, MARIA	
STREET ADDRESS	851 ATLANTIC SHORES BLVD. #118	
CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMILLE FLAHERTY	
STREET ADDRESS	851 ATLANTIC SHORES BLVD. #133	
CITY-ST-ZIP	HALLANDALE, FL. 33009	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD LUCARELLI	
STREET ADDRESS	851 ATLANTIC SHORES BLVD. #126	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
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 607, 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 empowered.

SIGNATURE:

MARC PINEAU Marc Pineau 02/12/05 - 954-454-0684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #