2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 249326

SANDOR, ERVIN

3870 NE 22ND TERRACE #6

LIGHTHOUSE POINT, FL 33064

Name:

Address:

City-St-Zip:

Entity Name: GONDOLIER APARTMENTS, INC.

FILED Jan 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3870 NORTHEAST 22 TERRACE LIGHTHOUSE POINT, FL 33064 US **Current Mailing Address: New Mailing Address:** 3870 NORTHEAST 22 TERRACE LIGHTHOUSE POINT, FL 33064 US FEI Number: 59-0997519 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TURNER, RICK 1615 SE 10TH STREET DEERFIELD BEACH, FL 33441 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition LINDROTH, BECKI SIREN, SUSAN Name: Name: 3870 NE 22 TERR #8 3870 NE 22 TERR #20 Address: Address: City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: POMPANO BEACH, FL 33064 Title: Title: () Delete () Change () Addition TURNER, RICK Name: Name: 1615 SE 10 STREET Address: Address: DEERFIELD BEACH, FL 33441 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition TURNER, PATRICIA Name: Name: 1615 SE 10TH STREET Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33441 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: PATRICIA TURNER TRES 01/13/2009