

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2005 08:00 AM
Secretary of State**

DOCUMENT # 478336

1. Entity Name
**GULF STREAM APARTMENTS OF BROWARD COUNTY,
INC.**



Principal Place of Business
**808 N.W. 7TH TERR HALLANDALE, FL
P O BOX 1910
HOLLYWOOD, FL 33022**

Mailing Address
**808 N.W. 7TH TERR HALLANDALE, FL
P O BOX 1910
HOLLYWOOD, FL 33022**



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1593718

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VAN TINGLOF, JOHN
808 NW 7TH TERR
HALLANDALE, FL 33009**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
ST
NAME
VAN TINGLOF, JOHN
STREET ADDRESS
808 N. W. 7TH TERRACE
CITY-ST-ZIP
HALLANDALE, FL

TITLE
P
NAME
TINGLOF, JOHN VAN
STREET ADDRESS
808 N. W. 7TH TERRACE
CITY-ST-ZIP
HALLANDALE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: John Van Tingo *John Van Tingo* 1/18/05 954-820-2247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #