

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2006 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



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1593718

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

Applied For
Not Applicable

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]

(NOTE: Registered Agent signature required when reappointing)

[Signature]
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000391890
01/24/06-80060-005 150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date Daytime Phone #