## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State DOCUMENT # 704336** 02-15-2006 90046 039 \*\*\*\*61.25 1. Entity Name GARDEN TERRACE APTS V. INC. Principal Place of Business Mailing Address 2915 WASHINGTON STREET HOLLYWOOD FL 33020 PO BOX 220917 HOLLYWOOD FL 33022 - 6917 GARDEN TERRACE 2. Principal Place of Business 3. Mailing Address PTSIV, THC P.O. Box 220917 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) 2915 WASHINGTON ST City & State Applied For City & State 4. FEI Number 59-1088407 HOLLYWOOD LV WOOD Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33022-0917 BROWARD Fee Required 33020<u>4747| BROWARD</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CETALLOS, CARLOS 8011 SW 22ND COURT Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33324 City Zip Code 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. JAN, 28, 2006 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State Chief Carlot Dates 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Defete Addition TITLE TITLE ☐ Change NAME CEBALLOS, CARLOS NAME 8011 SW 22 COURT STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33324 CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Detete Change ☐ Addition ESCHRICH, MARGARET NAME 2915 WASHINGTON APT 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP TREASURER TITLE 171 Change **S**Addition TITLE X Delete ANTHONY SOREL 2731 MADISON ST. CLAUDE, EDDY NAME NAME STREET ADDRESS 2915 WASHINGTON ST. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP FL, 33010 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z(P 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

I hereby certify that the information supplied with this filling does not quality for the exemptions contained in section 1.13, institute of the control of the components of the components 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 617, 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.

FILED

Feb 15, 2006 8:00 am