

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90021 037 \*\*\*\*61.25

**DOCUMENT # 704336**

1. Entity Name

GARDEN TERRACE APTS V. INC.



Principal Place of Business

APTS V, INC.  
2915 WASHINGTON ST  
HOLLYWOOD FL 33020-4747

Mailing Address

PO BOX 220917  
HOLLYWOOD FL 33022-0917

2. Principal Place of Business - No P.O. Box #

GARDEN TERRACE APTS V, INC.

3. Mailing Address

P.O. Box 220917

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 220917

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

COUNTRY

33022-0917

BROWARD

Zip

33022-0917

COUNTRY

BROWARD

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-1088407

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MIRANDA, HECTOR V  
1115 NE 2ND CT  
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature not needed when reinstating)

DATE

**FILE NOW FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to:**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CEBALLOS, CARLOS	
STREET ADDRESS	8011 SW 22ND COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33324	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ESCHRIC, MARGARET	
STREET ADDRESS	2915 WASHINGTON APT 2	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	T	<input type="checkbox"/> Delete
NAME	SOREL, ANTHONY	
STREET ADDRESS	2731 MADISON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MIRANDA, HECTOR V	
STREET ADDRESS	1115 NE 2ND CT	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEBALLOS, CARLOS	
STREET ADDRESS	8011 S.W. 22nd COURT	
CITY-ST-ZIP	FORT LAUDERDALE, FL. 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

Margaret Eschrich, SECRETARY BOARD 1/25/08 954-925-8393