

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704336

FILED
Jan 28, 2009
Secretary of State

Entity Name: GARDEN TERRACE APTS V. INC.

Current Principal Place of Business:

GARDEN TERRACE APTS. V, INC.
P.O. BOX 220917
HOLLYWOOD, FL 330220917

New Principal Place of Business:

2915 WASHINGTON
APT 2
HOLLYWOOD, FL 33020

Current Mailing Address:

GARDEN TERRACE APTS. V, INC.
P.O. BOX 220917
HOLLYWOOD, FL 330220917

New Mailing Address:

2915 WASHINGTON
APT 2
HOLLYWOOD, FL 33020

FEI Number: 59-1088407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: CEBALLOS, CARLOS
Address: 8011 S.W. 22ND COURT
City-St-Zip: FORT LAUDERDALE, FL 33325

Title: SD () Delete
Name: ESCHRICH, MARGARET
Address: 2915 WASHINGTON APT 2
City-St-Zip: HOLLYWOOD, FL 33020

Title: T () Delete
Name: SOREL, ANTHONY
Address: 2731 MADISON ST
City-St-Zip: HOLLYWOOD, FL 33020

Title: PD () Delete
Name: MIRANDA, HECTOR V
Address: 1115 NE 2ND CT
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET ESCHRICH

MS.

01/28/2009

Electronic Signature of Signing Officer or Director

Date