

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705947

1. Corporation Name

GARDEN TERRACE APTS. NO. 6, INC.

Principal Place of Business

**1400 S. 19TH AVE.
HOLLYWOOD FL 33020-6361**

Mailing Address

**1400 S. 19TH AVE.
HOLLYWOOD FL 33020-6361**

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90089 006 ****61.25

1 5 3 8 2 8 *
530238 - 90089 - 6



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

3. Date Incorporated or Qualified

07/24/1963

4. FEI Number

59-2949190

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**MEYER, JOSEPHINE
1400 S. 19TH AVE.
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name **CLARA O'DONNELL**
82 Street Address (P.O. Box Number is Not Acceptable)
1400 S 19th AVE
83
84 City **HOLLYWOOD** **FL** **85** Zip Code **33020**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, J	
STREET ADDRESS	1400 S 19TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	TOMASELLI, OLLIE	
STREET ADDRESS	1400 S. 19 AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUCANIA, VIRGINIA	
STREET ADDRESS	140 S. 19TH AVE., #8	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	O'DONNELL, C	
STREET ADDRESS	1400 S 19TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	O'DONNELL, CLARA
1.3 STREET ADDRESS	1400 S 19TH AVE
1.4 CITY-ST-ZIP	HOLLYWOOD FLA 33020
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VPD
2.3 STREET ADDRESS	TOMASELLO, OLLIE
2.4 CITY-ST-ZIP	1400 S 19th AVE. HOLLYWOOD FLA 33020
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SD
4.3 STREET ADDRESS	TOMASELLO, OLLIE
4.4 CITY-ST-ZIP	1400 S 19th AVE HOLLYWOOD, FLA 33020
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Virginia M. Duran
SIGNATURE REQUIRED PRES.

Date

Daytime Phone #

CR2E037 (11/98)