


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90407 031 \*\*\*\*61.25

<b>DOCUMENT # 705947</b>			
1. Entity Name <b>GARDEN TERRACE APTS. NO. 6, INC.</b>			
Principal Place of Business 1400 S. 19TH AVE. HOLLYWOOD FL 33020-6361		Mailing Address 1400 S. 19TH AVE. HOLLYWOOD FL 33020-6361	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number <b>59-2949190</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>RAUCKINAS, JOSEPHINE</b> 1400 S. 19TH AVE. HOLLYWOOD FL 33020		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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRES. DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, RICHARD		NAME	OLLIE TOMASELLO	
STREET ADDRESS	1400 S. 19 AVENUE		STREET ADDRESS	1400 S. 19 AVE.	
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP	HOLLYWOOD, FLA, 33020	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRES. DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIBIASE, SHIRLY		NAME	RICHARD BENSON	
STREET ADDRESS	1400 SOUTH 19 AVENUE		STREET ADDRESS	1400 S 19 AVE.	
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP	HOLLYWOOD, FLA 33020	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUCKINAS, JOSEPHINE		NAME		
STREET ADDRESS	1400 S 19TH AVE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENFIELD, DIANA		NAME		
STREET ADDRESS	1400 SOUTH 19TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 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:** JOSEPHINE RAUCKINAS *Josephine Rauckinas* 4/1/04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #