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

## Apr 05, 2004 8:00 am Secretary of State **DOCUMENT # 705947** 1. Entity Name 04-05-2004 90407 031 \*\*\*\*61.25 GARDEN TERRACE APTS: NO. 6, INC. Mailing Address Principal Place of Business 1400 S. 19TH AVE. 1400 S. 19TH AVE. HOLLYWOOD FL 33020-6361 HOLLYWOOD FL 33020-6361 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-2949190 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RAUCKINAS, JOSEPHINE Street Address (P.O. Box Number is Not Acceptable) 1400 S. 19TH AVE. HOLLYWOOD FL 33020 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE Delete BENSON, RICHARD NAME NAME 1400 S. 19 AVENUE STREET ADDRESS STREET ADDRESS HOLLYWOOD, FLA, 33020 HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition Delete TITLE TITLE DIBIASE, SHIRLY NAME NAME 1400 SOUTH 19 AVENUE STREET ADDRESS 1400 5 STREET ADDRESS HOLLYWOOD FL 33020 OLLY WOOD CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete RAUCKINAS, JOSEPHINE NAME NAME 1400 S 19TH AVE STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition ☐ Delete TITLE GREENFIELD, DIANA NAME NAME 1400 SOUTH 19TH AVENUE STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE 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: V

**FILED**