


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

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # 705947 1. Entity 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
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

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

6. Name and Address of Current Registered Agent RAUCKINAS, JOSEPHINE 1400 S. 19TH AVE. HOLLYWOOD FL 33020	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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
---	---	--

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	U00000864000	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIBIASE, SHIRLY		NAME	04/03/08-80115-011 61.25	
STREET ADDRESS	1400 S 19 AVE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASINO, SYLVESTER		NAME		
STREET ADDRESS	1400 S 19TH AVE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP		
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	TOMASELLO, CONNIE		NAME		
STREET ADDRESS	1400 S 19TH AVE		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 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: *Josephine Rauckinas* *3/17/08* *954-923-4310*