## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

714011

(4)

FIRST GULFSTREAM GARDEN APARTMENTS CONDOMINIUM, INC.

Principal Place of Business Mailing Address 215 SOUTHEAST THIRD AVENUE 215 SOUTHEAST THIRD AVENUE HALLANDALE FL 33009 HALLANDALE FL 33009 3. Date Incorporated or Qualified 3a. Date of Last Report 01/26/1968 04/11/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-1237172 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired  $\Box$ 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zφ 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 ☐ Yes ☐ No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SORRENTINO, FRED 82 Street Address (P.O. Box Number is Not Acceptable) 215 SE 3RD AVENUE 502-A HALLANDALE FL 33009 84 City Zip Code 85 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 (12/95)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11 TITLE Addition ☐ Change SORRENTINO, FRED NAME 1.2 NAME **CR2E037** 215 SE 3RD AVE., #502A STREET ADDRESS 1.3 STREET ADDRESS HALLANDALE, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 21 TIFLE Change ☐ Addition NAME ROGERS, JAMES W 2 2 NAME 215 SE 3RD AVE., #306-C STREET ADDRESS 2 3 STREET ADORESS HALLANDALE, FL 00000 CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE ☐ Change Addition FREEMAN, ROSE 3.2 NAME 215 SE 3RD AVE., #108A STREET ADDRESS 3.3 STREET ADDRESS HALLANDALE FL CITY-S1-ZIP 34 CITY-ST-ZIP TIFLE DELETE 41 TITLE Change Addition NAME POIRIER, RAY 4 2 NAME SIREE! ADDRESS 215 SE #3RD AVE. 4.3 STREET ADDRESS CITY - ST - ZIP HALLANDALE FL 33009 4.4 CITY - ST-7IP DELETE TITLE 5.1 TITLE Change Addition **BUDREAU, ROBERT** NAME 5.2 NAME STREET ADDRESS 215 SE 3RD AVE. 5.3 STREET ADDRESS HALLANDALE FL 3009 CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE ST 61 TITLE Change \_\_\_ Addition NAME FITZGIBBONS, RUTH 6.2 NAME STREET ADDRESS 215 SE 3RD AVE., #202D **6 3 STREET ADDRESS** CITY-ST-ZIP HALLANDALE, FL 00000 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE. SOME SOME SIGNING OFFICER OR DIRECTOR

JAN. 22 96 454