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Jun 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714011 (4)
1. Corporation Name
FIRST GULFSTREAM GARDEN APARTMENTS CONDOMINIUM, INC.

Principal Place of Business: 215 SOUTHEAST THIRD AVENUE HALLANDALE FL 33009
Mailing Address: 215 SOUTHEAST THIRD AVENUE HALLANDALE FL 33009-5670



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/26/1968		3a. Date of Last Report 01/29/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1237172		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
SORRENTINO, FRED
215 SE 3RD AVENUE 502-A
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81	Name	ROBERT LEE	PRESIDENT
82	Street Address (P.O. Box Number is Not Acceptable)	215 S.E. 3rd Avenue Apt. 103-C	
83		HALLANDALE, FL 33009	
84	City	HALLANDALE,	FL
85	Zip Code	33009	

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 *Robert Lee*
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	SORRENTINO, FRED	
STREET ADDRESS	215 SE 3RD AVE., #502A	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, JAMES W	
STREET ADDRESS	215 SE 3RD AVE., #306-C	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FREEMAN, ROSE	
STREET ADDRESS	215 SE 3RD AVE., #108A	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POIRIER, RAY	
STREET ADDRESS	215 SE #3RD AVE.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOUDREAU, ROBERT (SP) BOUDREAU	
STREET ADDRESS	215 SE 3RD AVE.	
CITY-ST-ZIP	HALLANDALE FL 3009	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FITZGIBBONS, RUTH	
STREET ADDRESS	215 SE 3RD AVE., #202D	
CITY-ST-ZIP	HALLANDALE, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT BOUDREAU	
1.3 STREET ADDRESS	215 S.E. 3rd Avenue PH 501-B	
1.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 do 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.

SIGNATURE *Robert Lee* 4/25/97

CR2E037 (9/96)