


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 20 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 714011 (4)**  
 1. Corporation Name  
**FIRST GULFSTREAM GARDEN APARTMENTS CONDOMINIUM, INC.**



Principal Place of Business 215 SOUTHEAST THIRD AVENUE HALLANDALE FL 33009 <b>APT. # 103C</b>	Mailing Address 215 SOUTHEAST THIRD AVENUE HALLANDALE FL 33009 <b>APT. # 103C</b>
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3. Date Incorporated or Qualified  
**01/26/1968**

4. FEI Number  
**59-1237172**

Applied For   
 Not Applicable

21. Principal Place of Business <b>FIRST GULFSTREAM GARD APT</b>	2a. Mailing Address <b>SAME</b>
22. Suite, Apt. #, etc. <b>103C</b>	27. Suite, Apt. #, etc.
23. City & State <b>HALLANDALE</b>	28. City & State
24. Zip <b>33009</b>	25. Country <b>BROWARD</b>
29. Zip	30. Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LEE, ROBERT <b>PRESIDENT</b> 215 S.E. 3RD AVE. APT. 103-C HALLANDALE FL 33009		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>
		85. Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUDREAU, ROBERT	1.2 NAME	
STREET ADDRESS	215 S.E. 3RD AVE., PH 501-B	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, ROSE	2.2 NAME	
STREET ADDRESS	215 SE 3RD AVE., #108A	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POIRIER, RAY	3.2 NAME	
STREET ADDRESS	215 SE #3RD AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUDREAU, ROBERT	4.2 NAME	<b>KENETH FRALEY</b>
STREET ADDRESS	215 SE 3RD AVE.	4.3 STREET ADDRESS	<b>215 S.E. 3rd AVE. 304D</b>
CITY-ST-ZIP	HALLANDALE FL	4.4 CITY-ST-ZIP	<b>HALLANDALE, FL. 33009</b>
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITZGIBBONS, RUTH	5.2 NAME	<b>FRONTERA SARHA TREASURE</b>
STREET ADDRESS	215 SE 3RD AVE., #202D	5.3 STREET ADDRESS	<b>215 S.E. 3rd AVE.</b>
CITY-ST-ZIP	HALLANDALE, FL 00000	5.4 CITY-ST-ZIP	<b>HALLANDALE, F. 33009 406A</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 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* **ROBERT LEE, PRESIDENT**

CR2E037 (10/97)