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**Mar 01, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 714011**

1. Corporation Name  
**FIRST GULFSTREAM GARDEN APARTMENTS CONDOMINIUM, INC.**

Principal Place of Business FIRST GULFSTREAM GARDEN APT CON. 215 SE THIRD AVE #103C HALLANDALE FL 33009 US	Mailing Address FIRST GULFSTREAM GARDEN APT CON. 215 SE THIRD AVE #103C HALLANDALE FL 33009 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/26/1968</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1237172</b>
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Country	29. Country	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25. Country	30. Country	

9. Name and Address of Current Registered Agent

**LEE, ROBERT P**  
**215 S.E. 3RD AVE. APT. 103-C**  
**HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	<del>BONDREAU, ROBERT</del>	
STREET ADDRESS	<del>215 S.E. 3RD AVE. PH 501-B</del>	
CITY-ST-ZIP	<del>HALLANDALE, FL 00000</del>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FREEMAN, ROSE	
STREET ADDRESS	215 SE 3RD AVE., #108A	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<del>POIRIER, RAY</del>	
STREET ADDRESS	<del>215 SE 3RD AVE.</del>	
CITY-ST-ZIP	<del>HALLANDALE FL 33009</del>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENNETH FRALEY	
STREET ADDRESS	215 SE 3RD AVE #304D	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	<del>FITZGIBBONS, RUTH</del>	
STREET ADDRESS	<del>215 SE 3RD AVE. #202D</del>	
CITY-ST-ZIP	<del>HALLANDALE, FL 00000</del>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FRONTERA SARHA	
STREET ADDRESS	215 SE 3RD AVE #406A	
CITY-ST-ZIP	HALLANDALE FL 33009	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRALEY Ken	
1.3 STREET ADDRESS	215 SE 3rd Ave apt 304-D	
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	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ed MURPHY	
3.3 STREET ADDRESS	215 SE 3RD AVE APT 402-B	
3.4 CITY-ST-ZIP	HALLANDALE FL 33009	
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	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JAN KOCH	
5.3 STREET ADDRESS	215 SE 3 AVE 106-B	
5.4 CITY-ST-ZIP	HALLANDALE FL 33009	
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 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, with all other like empowered.

SIGNATURE: SARA L. FRONTERA DATE: 2/1/99 954-456  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 3320

CR2E037 (1/198)