

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90230 022 ****61.25

DOCUMENT # 714011

1. Entity 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**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04162004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LEE, ROBERT FREEMAN, ROSE
 215 SE 3RD AVE. 107A
 HALLANDALE, FL 33009**

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

**Filing Fee is: \$61.25
 Due by May 1, 2004**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS		<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NICHOLS, MARTY 215 SE 3 AVE 502-A HALLANDALE, FL 33009	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MCSOLY, MARY 215 SE 3RD AVENUE, 501D HALLANDALE, FL 33009	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, ED 215 SE 3RD AVE, 402-B HALLANDALE, FL 33009	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, ROSE 215 SE 3 AVE. 107A HALLANDALE, FL 33009	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOCH, JAN 215 SE 3RD AVE, 106-B HALLANDALE, FL 33009	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETERS, JEAN 215 SE 3RD AVE. 105B HALLANDALE, FL 33009	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D FREEMAN, ROSE 215 S.E. 3RD AVENUE #107-A HALLANDALE FL 33009	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D TORRO, RENE 215 S.E. 3RD AVENUE # 108-D HALLANDALE FL 33009	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D PEPE, JAMES 215 S.E. 3RD AVENUE # 204-C HALLANDALE FL 33009	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGIBBONS, RUTH 215 S.E. 3RD AVENUE # 202-D HALLANDALE FL 33009	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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 _____ DATE **4/24/04** DAYTIME PHONE # **954-458-1021**