


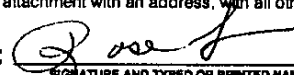
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90516 039 ****61.25

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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		04242005 Chg-NP CR2E037 (10/03)	
2. Principal Place of Business		3. Mailing Address		4. FEI Number	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		NOT APPLICABLE	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FREEMAN, ROSE 215 SE 3RD AVE. 107A HALLANDALE, FL 33009			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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	P TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, ROSE		NAME	FREEMAN, ROSE	
STREET ADDRESS	215 S.E. 3RD AVENUE #107-A		STREET ADDRESS	215 S.E. 3RD AVENUE #107-A	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCSOLY, MARY		NAME	NICHOLS, ALETA	
STREET ADDRESS	215 SE 3RD AVENUE, 501D		STREET ADDRESS	215 S.E. 3RD AVENUE # 502-A	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, ED		NAME		
STREET ADDRESS	215 SE 3RD AVE, 402-B		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRO, RENE		NAME		
STREET ADDRESS	215 S.E. 3RD AVENUE #108-D		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEPE, JAMES		NAME	LEE, ROBERT	
STREET ADDRESS	215 S.E. 3RD AVENUE #204-C		STREET ADDRESS	215 S.E. 3RD AVENUE # 103-C	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITZGIBBONS, RUTH		NAME	DANIS VON	
STREET ADDRESS	215 S.E. 3RD AVENUE #202-D		STREET ADDRESS	215 S.E. 3RD AVENUE # 101-B	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL 33009	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
954-458-1021 Home 954-457-7644 Bus. 4/28/05					
Date Daytime Phone #					