


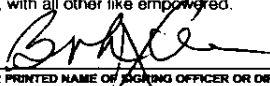


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90093 034 ****70.00

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 - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
				01092007	Chg-NP	CR2E037 (12/06)
				4. FEI Number		Applied For
				NOT APPLICABLE		Not Applicable
				5. Certificate of Status Desired		\$8.75 Additional Fee Required
				<input checked="" type="checkbox"/>		
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 <u>Bob Lee</u> Street Address (P.O. Box Number is Not Acceptable) <u>215 SE 3RD AVE</u> <u>UNIT</u> City <u>HALLANDALE BEACH</u> FL Zip Code <u>33009</u>		
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 <u>Bob Lee - President</u>						DATE <u>4/12/07</u>
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, 2007			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	PTD	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREEMAN, ROSE			NAME	Bob Lee	
STREET ADDRESS	215 S.E. 3RD AVENUE #107-A			STREET ADDRESS	215 SE 3RD AVE #103C	
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP	Hallandale Beach FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICHOLS, ALETA			NAME	Mary M. McSoley	
STREET ADDRESS	215 SE 3R AVE, #502-A			STREET ADDRESS	215 SE 3rd Ave #5010	
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP	Hallandale Beach FL 33009	
TITLE	D	<input type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, MARTIN			NAME	Aleta Nichols	
STREET ADDRESS	215 SE 3RD AVE 208D			STREET ADDRESS	215 SE 3rd Ave #502 A	
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP	Hallandale Beach, FL 33009	
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICHOLS, MARTIN			NAME	Jean Rochefort	
STREET ADDRESS	215 SE 3RD AVE 502A			STREET ADDRESS	215 SE 3rd Ave #402C	
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP	Hallandale Beach, FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, SANTA			NAME	Rose Freeman	
STREET ADDRESS	215 SE 3RD AVE 304A			STREET ADDRESS	215 SE 3rd Ave #107A	
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP	Hallandale Beach, FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIS, YVON			NAME	Dr. Charles Dickert	
STREET ADDRESS	215 SE 3R AVE, #101-B			STREET ADDRESS	215 SE 3rd Ave #500D	
CITY-ST-ZIP	HALLANDALE, FL 33009			CITY-ST-ZIP	Hallandale Beach, FL 33009	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Bob Lee</u>						DATE <u>4/12/07</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone # <u>954 457 7644</u>