2008 NOT-FOR-PROFIT CORPORATION

DOCUMENT #714011



FILED Apr 02, 2008 8:00 am Secretary of State 04-02-2008 90016 033 ****70.00

FIRST GULFSTREAM GARDEN APARTMENTS CONDOMINIUM, INC.					04-02-200	8 90010 033	70.00	
FIRST GULFSTREAM GARDEN APT CON. FIRS 215 SE THIRD AVE #103C 215		215 SE THIRD AVE #	uiling Address RST GULFSTREAM GARDEN APT CON. 15 SE THIRD AVE #103C ALLANDALE, FL 33009 US		II FIII BIII BIII BIII BIII (1801 II	OF BLOCK BLOTH BLOCK GLOCK GLOCK	T(31)(81)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03122008	Chg-NP	CR2E037 (12/06)	
City & State		City & State			4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate	e of Status Desired	\$8.75 / Fee Requ		
	6. Name and Address of Curren	t Registered Agent		7. Name an	d Address of New	Registered Agent		
				Name				
FREEMAN. ROSE 215 SE 3RD AVE. 107A HALLANDALE. FL 33009			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
			\					
			City			FL Zip C	ode	
	named entity submits this statement fi ions of registered agent.	for the purpose of changing its	s registered office or	registered agent, or be	oth, in the State of F	lorida. I am familiar wi	th, and accept	
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registered Agent signatu	ire required when renstating)		DATE		
Filing Fee is \$61,25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.		, ridsk i drid	COMMODIANT.	□ Added to Fee:	5 PIO	rida Department of	State	
10.	OFFICERS AND D		11.			rida Department of ERS AND DIRECTORS		
TITLE	OFFICERS AND D	IRECTORS				ERS AND DIRECTORS	IN 10	
	Υ		11.				IN 10	
TITLE	Р	IRECTORS	11.			ERS AND DIRECTORS	IN 10	
TITLE NAME	P LEE, BOB	IRECTORS	11.			ERS AND DIRECTORS	IN 10	
NAME Street Address City-St-Zip	P LEE, BOB 215 SE 3RD AVE #103C	DIRECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CH	I HANGES TO OFFICE	ERS AND DIRECTORS	IN 10 e Addition	
TITLE NAME STREET ADDRESS	P LEE, BOB 215 SE 3RD AVE #103C HALLANDALE, FL 33009	IRECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CH	I HANGES TO OFFICE	ERS AND DIRECTORS	IN 10 e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P LEE, BOB 215 SE 3RD AVE #103C HALLANDALE, FL 33009 V	DIRECTORS	11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE — V NAME	NICHOLS.	MARTY 3 Ed AVE.	ERS AND DIRECTORS Chang	IN 10 e Addition	
IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P LEE, BOB 215 SE 3RD AVE #103C HALLANDALE, FL 33009 V MCSOLEY, MARY	DIRECTORS	11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE — V NAME	NICHOLS.	MARTY 3 Ed AVE.	ERS AND DIRECTORS Chang	IN 10 e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, BOB 215 SE 3RD AVE #103C HALLANDALE, FL 33009 V MCSOLEY, MARY 215 SE 3RD AVE #501D	DIRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE — V NAME STREET ADDRESS CITY-SI-ZIP	ADDITIONS/CH	MARTY 3 Ed AVE.	Chang #503 A	IN 10 e Addition	
IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P LEE, BOB 215 SE 3RD AVE #103C HALLANDALE, FL 33009 V MCSOLEY, MARY 215 SE 3RD AVE #501D HALLANDALE, FL 33009	DIRECTORS	11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE — V NAME	NICHOLS.	MARTY 3 Ed AVE.	ERS AND DIRECTORS Chang	IN 10 e Addition	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Page (2) ADDITION/CHANGE

PLEASE NOTE OUR CITY IS NAME IS ******* (HALLANDALE BEACH)

FIRST GULFSTREAM GARDEN APT. CONDOMINIUM 215 SE 3RD AVE. # 103 HALLANDALE BEACH, Fl. 33009 US

Title

D

Name

Street

MCSOLEY, MARY 215 SE 3RD AVE. # 501-D

City-St-Zip HALLANDALE BEACH, FL 33009