

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90191 046 ****70.00

0017856

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1237172**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREEMAN, ROSE
215 S.E. 3RD AVE. APT. 107A
HALLANDALE FL 33009**

Name **Robert Lee**
Street Address (P.O. Box Number is Not Acceptable) **215 SE 3rd Ave 103C**
Hallandale,
City **FL 33009**

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 *Robert Lee*

4-30-03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	NICHOLS, MARTY	
STREET ADDRESS	215 SE 3 AVE 502-A	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCSOLY, MARY	
STREET ADDRESS	215 SE 3RD AVENUE, 501D	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, ED	
STREET ADDRESS	215 SE 3RD AVE, 402-B	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERT, LEE	
STREET ADDRESS	215 SE 3 AVENUE, 103C	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOCH, JAN	
STREET ADDRESS	215 SE 3RD AVE, 106-B	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	NICHOLS, ALETA	
STREET ADDRESS	215 SE 3RD AVENUE, 502A	
CITY-ST-ZIP	HALLANDALE FL 33009	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rose Freeman	
STREET ADDRESS	215 SE 3 Ave 107A	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean Peters	
STREET ADDRESS	215 S E 3 rd Ave 105 B	
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)(l), 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: *ROBERT LEE FREEMAN*

4/30/03 (954) 456-3320

CR2E037 (10/02)