FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:14

DOCUMENT # 715631 (8)

1. Corporation Name
GARDEN ISLES APARTMENTS #1, INC.

Principal Place of Business	Mailing Address
600 PINE DRIVE POMPNO BEACH FL 33060	600 PINE DRIVE POMPNO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/26/1968
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-1269652 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

WILSON, JOHN C.
600 PINE DR., APT. 212
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	☐ Change ☐ Addition
NAME	EMIG, HOWARD	1.2 NAME	
STREET ADDRESS	600 PINE DR. APT 301	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, JOHN	2.2 NAME	
STREET ADDRESS	600 PINE DR.,APT.112	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☒ Change ☐ Addition
NAME	BUTTERS, HELEN	3.2 NAME	Secretary
STREET ADDRESS	600 PINE DR APT 104	3.3 STREET ADDRESS	Isabel Kenyon
CITY-ST-ZIP	POMPANO BEACH, FL 00000	3.4 CITY-ST-ZIP	600 Pine Dr.A-209,Pompano Bch.Fl
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	ATWATER, ALLEN M	4.2 NAME	
STREET ADDRESS	600 PINE DR, #212	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	SCRIBNER, ANTON	5.2 NAME	Director
STREET ADDRESS	600 PINE DR. APT 102	5.3 STREET ADDRESS	Samuel Campanella
CITY-ST-ZIP	POMPANO BCH FL	5.4 CITY-ST-ZIP	600 Pine Drive A-103 Pompano Bch FL 33060
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Allen M. Atwater — Feb. 14, 1995 — Allen M. Atwater
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006002