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**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90121 010 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 715631**

1. Corporation Name

**GARDEN ISLES APARTMENTS #1, INC.**

Principal Place of Business

600 PINE DRIVE  
 POMPANO BEACH FL 33060

Mailing Address

600 PINE DRIVE  
 POMPANO BEACH FL 33060



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/26/1968	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1269652		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country				

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	Clifford Rogerson	
82 Street Address (P.O. Box Number is Not Acceptable)	600 Pine Drive 110	
83 City	Pompano Beach	
84 State	FL	85 Zip Code 33060

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Elvera Campanella *Elvera Campanella* January 12, 1998  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	VP
NAME	EMIG, HOWARD	1.2 NAME	Atwater, Allen
STREET ADDRESS	600 PINE DR. APT 301	1.3 STREET ADDRESS	600 Pine Dr. 212
CITY-ST-ZIP	POMPANO BEACH, FL 00000	1.4 CITY-ST-ZIP	Pompano Beach, FL 33060
TITLE	PD	2.1 TITLE	PD
NAME	WILSON, JOHN	2.2 NAME	Clifford Rogerson
STREET ADDRESS	600 PINE DR. APT. 112	2.3 STREET ADDRESS	600 Pine Drive 110
CITY-ST-ZIP	POMPANO BEACH, FL 00000	2.4 CITY-ST-ZIP	Pompano Beach, FL 33060
TITLE	S	3.1 TITLE	S
NAME	CAMPANELLA, ELVERA	3.2 NAME	Helen Butters
STREET ADDRESS	600 PINE, A103	3.3 STREET ADDRESS	600 Pine Drive 310
CITY-ST-ZIP	POMPANO BEACH, FL 00000	3.4 CITY-ST-ZIP	Pompano Beach, FL 33060
TITLE	TD	4.1 TITLE	TD
NAME	ATWATER, ALLEN M	4.2 NAME	Elvera Campanella
STREET ADDRESS	600 PINE DR. #212	4.3 STREET ADDRESS	600 Pine Dr. 103
CITY-ST-ZIP	POMPANO BEACH, FL 00000	4.4 CITY-ST-ZIP	Pompano Beach, FL 33060
TITLE	D	5.1 TITLE	D
NAME	MULHOLLAND, ROBERT	5.2 NAME	Rudgy Landry
STREET ADDRESS	600 PINE DRIVE	5.3 STREET ADDRESS	600 Pine Dr. 111
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	Pompano Beach, FL 33060
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Elvera Campanella *Elvera Campanella* 1-12-99 954-784-7393  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)