

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2002 8:00 am
Secretary of State

08-08-2002 90090 030 ****61.25

DOCUMENT # 715631

1. Entity Name

GARDEN ISLES APARTMENTS #1, INC.

*Enclose Ach. Rpt
 \$ 61.25 State Fee*

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1269652

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALLENBACK, HAROLD P
 600 PINE DRIVE, APT 303
 POMPANO BEACH FL 33060**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Harold P Hallenback **PRO-HAROLD HALLENBACK**

15 July 2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input type="checkbox"/> Delete
NAME	HALLENBACK, HAROLD P	
STREET ADDRESS	600 PINE DRIVE #303	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CORMIER, JOSEPH W	
STREET ADDRESS	600 PINE DRIVE #104	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GREEN, JOHN	
STREET ADDRESS	600 PINE DRIVE #208	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JAMES, PEARL C	
STREET ADDRESS	600 PINE DRIVE #210	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCABE, ADELINE	
STREET ADDRESS	600 PINE DRIVE #302	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE		<input type="checkbox"/> Delete
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	FD-RAIF TRAPANI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAIF TRAPANI	
STREET ADDRESS	600 Pine Dr. # 309	
CITY-ST-ZIP	Pompano Beach FL 33060	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Kelly	
STREET ADDRESS	600 Pine Dr. #102	
CITY-ST-ZIP	Pompano Beach FL 33060	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cliff Rogerson	
STREET ADDRESS	600 Pine Dr. # 110	
CITY-ST-ZIP	Pompano Beach FL 33060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Harold P Hallenback **PRO-HAROLD HALLENBACK** *July 15 2002*

954786 2876

CR2E037 (4/02)