

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90390 033 ****61.25

DOCUMENT # 715631
 1. Entity Name
GARDEN-ISLES APARTMENTS #1, INC.



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

24034918



MOORE CR2E037 (11/03)

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 Applied For
59-1269652 Not Applicable

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

6. Name and Address of Current Registered Agent
TRAPANI, RALPH
600 PINE DRIVE
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent
 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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	
TITLE NAME PTD KELLY, WILLIAM J STREET ADDRESS 600 PINE DRIVE #102 CITY-ST-ZIP POMPANO BEACH FL 33060	<input type="checkbox"/> Delete
TITLE NAME VSD TRAPANI, RALPH STREET ADDRESS 600 PINE DRIVE #309 CITY-ST-ZIP POMPANO BEACH FL 33060	<input type="checkbox"/> Delete
TITLE NAME TSD JAMES, PEARL C STREET ADDRESS 600 PINE DRIVE #210 CITY-ST-ZIP POMPANO BEACH FL 33060	<input type="checkbox"/> Delete
TITLE NAME D ROGERSON, CLIFF STREET ADDRESS 600 PINE DRIVE #110 CITY-ST-ZIP POMPANO BEACH FL 33060	<input type="checkbox"/> Delete
TITLE NAME D KRPAN, MILAN STREET ADDRESS 600 PINE DRIVE #312 CITY-ST-ZIP POMPANO BEACH FL 33060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME President Borjanzon STREET ADDRESS 600 Pine Drive 212 CITY-ST-ZIP Pompamo Beach FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME Vice President Cliff Rogerson STREET ADDRESS 600 Pine Dr 100 CITY-ST-ZIP Pompamo Beach FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME Treasurer Dorothea Borrer STREET ADDRESS 600 Pine Dr 21 CITY-ST-ZIP Pompamo Beach FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME Secretary Milan Kapan STREET ADDRESS 600 Pine Dr 212 CITY-ST-ZIP Pompamo Beach FL 33060	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME Director at Large Martin Donahue STREET ADDRESS 600 Pine Dr 208 CITY-ST-ZIP Pompamo Beach FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Dorothea Borrer Treasurer 4 April 2004 954 791-4825
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #