

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

600 PINE DRIVE
POMPANO BEACH FL 33060

Mailing Address

600 PINE DRIVE
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

4. FEI Number

59-1269652

Applied For

Not Applicable

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

TRAPANI, RALPH
600 PINE DRIVE
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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	President Bo Janzon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	600 Pine Drive 212	
CITY-ST-ZIP	Pompano Beach FL 33060	
TITLE NAME	Vice President Cliff Rogerson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	600 Pine Dr 100	
CITY-ST-ZIP	Pompano Beach FL 33060	
TITLE NAME	Treasurer Dorothea Borrer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	600 Pine Dr 21	
CITY-ST-ZIP	Pompano Beach FL 33060	
TITLE NAME	Secretary Milan Kpan	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	600 Pine Dr 212	
CITY-ST-ZIP	Pompano Beach FL 33060	
TITLE NAME	Director at Large Martin Donahue	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	600 Pine Dr 208	
CITY-ST-ZIP	Pompano Beach FL 33060	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Dorothea Borrer Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 April 2004 954 791-4825

Date

Daytime Phone #