

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90908 038 \*\*\*\*61.25

**DOCUMENT # 715631**

1. Entity Name  
**GARDEN ISLES APARTMENTS #1, INC.**  
**GARDEN ISLES APTS. GONDOMINIUM #1, INC.**



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

Mailing Address  
**600 PINE DRIVE**  
**POMPANO BEACH FL 33060**

**60017313**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1269652**

Applied For  
Not Applicable

Zip Country

Zip Country

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

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

Name  
**RALPH TRAPANI**  
Street Address (P.O. Box Number is Not Acceptable)  
**600 PINE DRIVE**  
City **POMPANO BEACH** **FL** Zip Code **33060**

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 Ralph Trapani, Vice President  
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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PTD** ☐ Delete  
NAME **HALLENBACK, HAROLD P**  
STREET ADDRESS **600 PINE DRIVE #303**  
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **PTD** ☒ Change ☐ Addition  
NAME **WILLIAM J. KELLY**  
STREET ADDRESS **600 PINE DRIVE #102**  
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE **VD** ☐ Delete  
NAME **CORMIER, JOSEPH W**  
STREET ADDRESS **600 PINE DRIVE #104**  
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **VSD** ☒ Change ☐ Addition  
NAME **RALPH TRAPANI**  
STREET ADDRESS **600 PINE DRIVE #309**  
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE **TD** ☐ Delete  
NAME **PANI, RAIFTRA**  
STREET ADDRESS **600 PINE DR #309**  
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **TSD** ☒ Change ☐ Addition  
NAME **PEARL C. JAMES**  
STREET ADDRESS **600 PINE DRIVE #210**  
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE **SD** ☐ Delete  
NAME **KELLY, BILL**  
STREET ADDRESS **600 PINE DR #102**  
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **D** ☒ Change ☐ Addition  
NAME **CLIFF ROGERSON**  
STREET ADDRESS **600 PINE DRIVE #110**  
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE **D** ☐ Delete  
NAME **ROGERSON, CLIFF**  
STREET ADDRESS **600 PINE DR #110**  
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **D** ☒ Change ☐ Addition  
NAME **MILAN KR PAN**  
STREET ADDRESS **600 PINE DRIVE #312**  
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Ralph Trapani

4/11/03

954/786-2594

CR2E037 (10/02)