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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 716418

1. Corporation Name

GERANIUM GARDENS CONDOMINIUM, INC.

Principal Place of Business  
5041 WEST OAKLAND PARK DRIVE  
LAUDERDALE LAKES FL 33313

Mailing Address  
5041 WEST OAKLAND PARK DRIVE  
LAUDERDALE LAKES FL 33313



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/22/1969	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1372758	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
<del>SCHWARTZ, ANNE 5071 W OAKLAND PARK BLVD LAUDERDALE LAKES FL 33313</del>				81	Name			Ruth Bernier
				82	Street Address (P.O. Box Number is Not Acceptable)			5071 W. Oakland Park Blvd #311
				83				
				84	City		85	Zip Code
Lauderdale Lakes		FL		33313				

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 Ruth Bernier Ruth Bernier 3/23/99  
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	DVP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PASTERNAK, ABE			1.2 NAME	Borrello, Frank		
STREET ADDRESS	5071 W OAKLAND PK BLVD			1.3 STREET ADDRESS	5071 W. Oakland Park Blvd #111		
CITY-ST-ZIP	FT LAUDERDALE FL			1.4 CITY-ST-ZIP	Lauderdale Lakes FL 33313		
TITLE	P	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCHWARTZ, ANNE			2.2 NAME	Bernier, Ruth		
STREET ADDRESS	5071 W OAKLAND PK BLVD			2.3 STREET ADDRESS	5071 W. Oakland Park Blvd #311		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000			2.4 CITY-ST-ZIP	Lauderdale Lakes FL 33313		
TITLE	ST	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BERNIER, RUTH			3.2 NAME	Dalbair, Maurice		
STREET ADDRESS	5071 W OAKLAND PK BLVD			3.3 STREET ADDRESS	5071 W. Oakland Park Blvd #106		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BORRELLO, FRANK			4.2 NAME	Pasternack, Abe		
STREET ADDRESS	5071 W. OAKLAND BLVD			4.3 STREET ADDRESS	5071 W. Oakland Park Blvd #201		
CITY-ST-ZIP	FT. LAUDERDALE FL			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DEL PIERO, ALFRED			5.2 NAME	Spillane, William		
STREET ADDRESS	5071 N OAKLAND PK BLVD			5.3 STREET ADDRESS	5071 W. Oakland Park Blvd #110		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000			5.4 CITY-ST-ZIP	Lauderdale Lakes FL 33313		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: Ruth Bernier Ruth Bernier (954) 733-4211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037-(11/98)