## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90385 035 \*\*\*\*61.25

DOCUMENT # 716418  1. Entity Name GERANIUM GARDENS CONDOMINIUM, INC.					04-17-2006	5 90385 03	35 ****6	1.25	
Principal Place of Business 5041 WEST OAKLAND PARK DRIVE LAUDERDALE LAKES, FL 33313  Mailing Address 5041 WEST OAKLAND PARK DRIVE LAUDERDALE LAKES, FL 33313  LAUDERDALE LAKES, FL					<i>40031</i> ∩	3.			
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2. Principal Place of Business 3. M		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E037	7 (11/05)		
City & State		City & State		4. FEI Number 59-1372	758			plied For	
Zip	Country	Zip	Country	5. Certificate of	Status Desired		8.75 Add	itional	
	6. Name and Address of Current R	egistered Agent		7. Name and A	ddress of New		· ·		
SPILLANE, WILLIAM			Name	Name					
5071 W OAKLAND PARK BLVD UNIT G110			Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
	DALE LAKES, FL 33313								
			City			FL	Zip Code	Э	
the obliga	e named entity submits this statement for t tions of registered agent.	ure purpose or changing its re	gistal 60 Unice G	registered agers, or boun.	ar the state of the	orda. Tamia	oriando with i	and accept	
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: R	legistered Agent signatur	re required when reinstating)		DATE			
SIGNATURE		g. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees		DATE Wake check rida Departr			
	Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIRE	9. Election Camp Trust Fund Cor	naign Financing ntribution.	\$5.00 May Be Added to Fees  ADDITIONS/CHAN	Flo	Wake check rida Departr	nent of St	ate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: William J. Apillane
SIGNATURE AND TYPED OR PRINTIPO NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 11, 2006 954 739-59 12