

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90084 014 \*\*\*\*61.25

**DOCUMENT # 716418**

1. Entity 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**

4000000



01142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1372758</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**SPILLANE, WILLIAM  
5071 W OAKLAND PARK BLVD  
UNIT G110  
LAUDERDALE LAKES, FL 33313**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORY, DENNIS 5071 W. OAKLAND PK BLVD #201 LAUDERDALE LAKES, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOTTUNG, GEORGE 5071 W. OAKLAND PARK BLVD. #109 LAUDERDALE LAKES, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURAK, TERENCE J 5071 W. OAKLAND PK BLVD #108 LAUDERDALE LAKES, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPILLANE, WILLIAM 5071 W. OAKLAND PK. BLVD. #110 LAUDERDALE LAKES, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DI MATTEO, GIOVANNI 5071 W. OAKLAND PK. BLVD. #110 #209 LAUDERDALE LAKES, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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. Spillane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-15-08* *954 739-5912*  
Date Daytime Phone #