

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718573

FILED
Apr 29, 2004
Secretary of State

Entity Name: GARDEN ISLES APARTMENTS #3, INC.

Current Principal Place of Business:

601 PINE DRIVE
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

601 PINE DRIVE
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 59-1348341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANCROFT, DENIS
601 PINE DR. #106
POMPANO BEACH, FL 33060

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BANCROFT, DENIS
Address: 601 PINE DR 106
City-St-Zip: POMPANO BEACH, FL 33060

Title: SD () Delete
Name: DAUSKI, WANDA
Address: 601 PINE DR 303
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: AAKENSTAD, FRAN
Address: 601 PINE DR 108
City-St-Zip: POMPANO BEACH, FL

Title: PD () Delete
Name: FALLONE, BARRY
Address: 601 PINE DR 103
City-St-Zip: POMPANO BEACH, FL

Title: VPD () Delete
Name: FALZONE, BARRY
Address: 601 PINE DR #103
City-St-Zip: POMPANO BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HAAKENSTAD, FRAN
Address: 601 PINE DR 108
City-St-Zip: POMPANO BEACH, FL 33060

Title: PD (X) Change () Addition
Name: FALLONE, BARRY
Address: 601 PINE DR 103
City-St-Zip: POMPANO BEACH, FL 33060

Title: VPD (X) Change () Addition
Name: ELLIS, DAVID
Address: 601 PINE DR #205
City-St-Zip: POMPANO BEACH, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENIS BANCROFT

TD

04/29/2004

Electronic Signature of Signing Officer or Director

Date