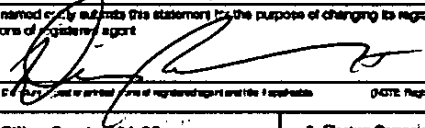
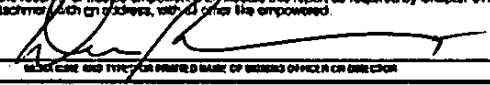


FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90302 002 ****62.00

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 718573			
1. Entity Name GARDEN ISLES APARTMENTS #3, INC.			
Principal Place of Business 601 PINE DRIVE POMPANO BEACH, FL 33060		Mailing Address 601 PINE DRIVE POMPANO BEACH, FL 33060	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1348341		Applied For Not Applicable	
5. Certificate of Status Desired		☒ \$5.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BANCROFT, DENIS 601 PINE DR. #108 POMPANO BEACH, FL 33060		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: 		DATE: 4/15/05	
Filing Fee to \$91.25 Due by May 1, 2005		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	
☐ NEW NAME STREET ADDRESS CITY - ST - ZIP	☐ Date TD BANCROFT, DENIS 601 PINE DR 100 POMPANO BEACH, FL 33060	☐ Change ☐ Addition	
☐ NEW NAME STREET ADDRESS CITY - ST - ZIP	☐ Date SD DAUSKI, WANDA 601 PINE DR 300 POMPANO BEACH, FL 33060	☐ Change ☐ Addition	
☐ NEW NAME STREET ADDRESS CITY - ST - ZIP	☒ Date D HAAKENSTAD, FRAM 601 PINE DR 108 POMPANO BEACH, FL 33060	☐ Change ☐ Addition	OK IT SMALL 601 PINE DR #201 POMPANO FL 33060
☐ NEW NAME STREET ADDRESS CITY - ST - ZIP	☐ Date PD FALLONE, BARRY 601 PINE DR 100 POMPANO BEACH, FL 33060	☐ Change ☐ Addition	
☐ NEW NAME STREET ADDRESS CITY - ST - ZIP	☐ Date VPD ELLIS, DAVID 601 PINE DR #205 POMPANO BEACH, FL	☐ Change ☐ Addition	
☐ NEW NAME STREET ADDRESS CITY - ST - ZIP	☐ Date	☐ Change ☐ Addition	
12. I hereby certify that the information reported with this filing does not qualify for the exemption stated in Section 119.07(2)(c), 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 reporter 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 addendum with an address, with or without the empowered.			
SIGNATURE: 		DATE: 4/15/05 9546477397	