


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90002 007 \*\*\*\*61.25

<b>DOCUMENT # 747685</b> 1. Entity Name <b>SUNCOAST GARDEN APARTMENT CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 3252 NE 13TH ST. POMPANO BEACH, FL 33062			Mailing Address 3252 NE 13 ST POMPANO BEACH, FL 33062		
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 <b>59-1975629</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			7. Name and Address of New Registered Agent		
ROSENTHAL, STUART S. 404 E. ATLANTIC BLVD. POMPANO BEACH, FL 33060			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALLEY, RONALD		NAME	CHACE, MARY LOU	
STREET ADDRESS	3252 NE 13 ST		STREET ADDRESS	603 Seven Bridges Rd	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	Little Silver, NJ 07739-1744	
TITLE	MEM	<input type="checkbox"/> Delete	TITLE		
NAME	LAWRENCE, MARY J		NAME		
STREET ADDRESS	3252 NE 13TH ST APT 1		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		
NAME	MAYER, ROBERT A		NAME		
STREET ADDRESS	3245 NE 13TH ST APT 5		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	MEECHAM, MICHAEL		NAME		
STREET ADDRESS	518 SW 11TH ST		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Ronald Malley</i>			RONALD MALLEY		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 7/5/06 Daytime Phone #: 782 4152		