

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 08:00 AM
Secretary of State

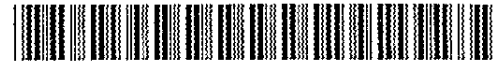
DOCUMENT # F01000004108
 1. Entity Name
 GATORWOOD APARTMENTS CORP.



Principal Place of Business
 901 NW 57TH ST
 GAINESVILLE, FL 32605

Mailing Address
 901 NW 57TH ST
 GAINESVILLE, FL 32605

DO NOT WRITE IN THIS SPACE



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1110650 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LEWIS, LYNN B
 LYNN B. LEWIS, P.A.
 1390 BRICKELL AVE SUITE 280
 MIAMI, FL 33131

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NG, LU PAT
STREET ADDRESS	600 BRICKELL AVE SUITE 800
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	NG, YVONNE
STREET ADDRESS	600 BRICKELL AVE SUITE 800
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	COCKRUM, LORETTA
STREET ADDRESS	600 BRICKELL AVE SUITE 800
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	PT
NAME	NG, LU SIONG
STREET ADDRESS	600 BRICKELL AVE SUITE 800
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	S
NAME	SEVILLA, CHARLOTTE
STREET ADDRESS	600 BRICKELL AVE SUITE 800
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000086794
 03/12/04-80037-019 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 607, 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: _____ Date 3-04-04 Daytime Phone # 305-388-9807