

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 09, 2007
Secretary of State

DOCUMENT# N02000002464

Entity Name: GARDEN ISLES APARTMENTS CONDOMINIUM #1, INC.**Current Principal Place of Business:**600 PINE DR
POMPANO BEACH, FL 33060**New Principal Place of Business:****Current Mailing Address:**600 PINE DR
POMPANO BEACH, FL 33060**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JENNARO, LISA
600 PINE DR
#201
POMPANO BEACH, FL 33060 US**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: P () Delete
Name: JENNARO, LISA
Address: 600 PINE DR 201
City-St-Zip: POMPANO BEACH, FL 33060

Title: V () Delete
Name: MCQUESTION, RICHARD
Address: 600 PINE DR 306
City-St-Zip: POMPANO BEACH, FL 33060

Title: S () Delete
Name: ROGERSON, CLIFF
Address: 600 PINE DR 110
City-St-Zip: POMPANO BEACH, FL 33060

Title: T () Delete
Name: DIGIOVANNI, LEONARD
Address: 600 PINE DR 203
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: DONAHUE, MARTIN
Address: 600 PINE DR 108
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: JANZON, BO
Address: 600 PINE DR 306
City-St-Zip: POMPANO BEACH, FL 33060

Title: S (X) Change () Addition
Name: BORROR, DORTHEA
Address: 600 PINE DR 110
City-St-Zip: POMPANO BEACH, FL 33060

Title: T (X) Change () Addition
Name: KRNCH, FRANCAIS
Address: 600 PINE DR 203
City-St-Zip: POMPANO BEACH, FL 33060

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LISA JENNARO

P

03/09/2007

Electronic Signature of Signing Officer or Director

Date