## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000002464

FILED Mar 09, 2009 Secretary of State

Entity Name: GARDEN ISLES APARTMENTS CONDOMINIUM #1, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

POMPANO BEACH, FL 33060

**Current Mailing Address: New Mailing Address:** 

600 PINE DR 600 PINE DR

APT. 212 POMPANO BEACH, FL 33060

POMPANO BEACH, FL 33060

FEI Number: 59-1269652 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JANZON, BO KUGLER, ALAN 600 PINE DR 600 PINE DR

#212 #106

POMPANO BEACH, FL 33060 US POMPANO BEACH, FL 33060 US

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: ALANKUGLER 03/09/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

JANZON, BO KUGLER, ALAN Name: Name:

600 PINE DR 212 Address: 600 PINE DR #106 Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: POMPANO BEACH, FL 33060

Title: Title: (X) Change ( ) Addition ( ) Delete

KUGLER, ALAN Name: ROGERSON, CLIFF Name:

Address: 600 PINE DR 106 Address: 600 PINE DR 110 City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: POMPANO BEACH, FL 33060

Title: () Delete Title: (X) Change ( ) Addition

BORROR, DOROTHEA DOYLE, DONNA Name: Name:

600 PINE DR 210 Address: Address: 600 PINE DR 305

City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: POMPANO BEACH, FL 33060

Title: () Delete Title: () Change () Addition

KRNCH, FRANCES Name: Name: 600 PINE DR 310 Address: Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

DONOHUE, MARTIN DONOHUE, MARTIN Name: Name: 600 PINE DR 108 600 PINE DR 108 Address: Address:

POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DOYLE.DONNA S 03/09/2009