## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08956

FILED Feb 05, 2004 Secretary of State

Entity Name: FEDERATION-GULFSTREAM HOUSING, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	NA KLEIN BLY FON, FL 3342				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2255 GLAD	NA KLEIN BLY DES ROAD, S FON, FL 3342	UITE 340W			
FEI Number:	59-2541344	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of 0	Current Registered Agent:	Name and Address	of New Registered Agent:	
	DES ROAD W FON, FL 3343 named entity		purpose of changing its register	ed office or registered agent, or both,	
SIGNATUF					
		nic Signature of Registered Ag	jent	Date	
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD ( NOBIL, JAMES 5735 NW 40TH BOCA RATON,	I WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (X GALLATIN, RO 17061 BROOK BOCA RATON,	WOOD DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GORTZ, ALBE 7565 BELLA V		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD ( ROBINS, ANDR 3225 ST. JAME BOCA RATON,	ES DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ALTNEIMER, J	WOOD LANE, #501	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD ( DECKINGER, I 7099 VALENCI BOCA RATON,	A DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES NOBIL PD 02/05/2004