2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: FRHAK E. MILLER SIGNATURE AND TYPED OR PRINTED NAME O

NTED NAME OF SIGNING OFFICER OR OFFI

May 26, 2004 8:00 am Secretary of State DOCUMENT # N96000003529 1. Entity Name 05-26-2004 90001 049 ****61.25 GARDEN STREET PROPERTY OWNERS ASSOCIATION. Principal Place of Business Mailing Address 6641 S.W. 70TH LANE > S. MIAMI FL 33143 14000031 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 65-0815128 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, FRANK E MILLER, FRANK E 8041 S.W. 70TH LANE 1/000 S.F. FEREX HUY S. MIAMIFE 33143 HOBE SOUND, FL 33453 Street Address (P.O. Box Number is Not Acceptable) Zip Code FL 15 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. FRANK E. MILLER SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VSD TITLE TITLE Change Addition MILLER, FRANK E NAME NAME 6641 S.W. 70TH LANF __ STREET ADDRESS STREET ADDRESS S. MIAMI-FL 99143.-CITY - ST- ZIP CITY-ST-7IP TITLE Change Addition THOMPSON, JOAN M NAME NAME 6101 ROLLING ROAD DRIVE STREET ADDRESS STREET ADDRESS PINECREST FL 33156 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addition L'UCIDO,"CHARLES"A-NAME NAME P O BOX 673 STREET ADDRESS STREET ADDRESS GENEVA NY 14456 CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

FILED

Daytime Phone #