## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 04, 2006 8:00 am Secretary of State DOCUMENT # N97000005199 04-04-2006 90142 005 \*\*\*\*70.00 1. Entity Name SECOND GULFSTREAM GARDEN CONDOMINIUM, INC. Principal Place of Business Mailing Address 329 SE 3RD ST. P.O. BOX 2626 HALLANDALE FL 33009 HALLANDALE FL 33008 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 65-0792333 Not Applicable Zip Country Zip 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 GLAZER, ERIC M Street Address (P.O. Box Number is Not Acceptable) 1920 E HALLANDALE BEACH BLVD HALLANDALE FL 33009 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE +3 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Defete TITLE Change Addition KAPLAN, SAMUEL L NAME NAME 329 SE 3RD ST APT 205R STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY - ST- 2IP CITY-ST-ZIP TITLE VD Defete TITLE ☐ Change ☐ Addition SASSO, SAL NAME NAME 329 SE 3RD STREET #204R STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP DS Delete TITLE TITLE Change X Addition Cole, Stella NAME WELLING, ROSE MARIE NAME 329 SE 3rd Street # 501T STREET ADDRESS 329 SE 3RD ST STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP Hallandale Beach, Fl 33009 TITLE DRS ☐ Delete TITLE Change ☐ Addition NAME PATY, LOUISE NAME STREET ADDRESS 329 SE 3RD ST 305P STREET ADDRESS City-St-7iP HALLANDALE FL 33009 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ASH, SILVIA NAME NAME 329 SE 3RD STREET #204P STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete **Addition** TITLE Paty, Arthur NAME NAME 329 SE 3<sup>rd</sup> Street # 305P STREET ADDRESS STREET ADDRESS

**FILED** 

Hallandale Beach, Fl 33009 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions c I nereby certify that the information supplied with this filling does not qualify for the exemptions Comments and 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 receiper 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 attachm, with all other like empowered.

Sanuer L Kopha 3/16/201

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CIGNATURE.