2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N97000005199

Entity Name: SECOND GULFSTREAM GARDEN CONDOMINIUM, INC.

Current Principal Place of Business:

329 SE 3RD ST.
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2626
HALLANDALE, FL 33008 US

New Mailing Address:

FEI Number: 65-0792333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, S. ALAN ESQ.
215 NORTH FEDERAL HIGHWAY
DANIA BEACH, FL 33004 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: MIDDLEBROOK, ALICE M
Address: 329 SE 3RD ST
City-St-Zip: HALLANDALE, FL 33009

Title: VD ( ) Delete
Name: SASSO, SAL
Address: 329 SE 3RD STREET
City-St-Zip: HALLANDALE, FL 33009

Title: SECY ( ) Delete
Name: BOREK, SHEILA
Address: 329 SE 3RD ST.,
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: TRES ( ) Delete
Name: LEDERER, RITA
Address: 329 SE 3RD ST
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete
Name: FISCHER, NORMAN
Address: 329 SE 3RD STREET
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete
Name: MIDDLEBROOK, DANIEL
Address: 329 SE 3RD ST
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change ( ) Addition
Name: HOGUE, CARL
Address: 329 SE 3RD ST
City-St-Zip: HALLANDALE BEACH, FL 33009

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: RITA LEDERER TRES 04/24/2009

Electronic Signature of Signing Officer or Director — Date