

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N97000005199

Entity Name: SECOND GULFSTREAM GARDEN CONDOMINIUM, INC.

Current Principal Place of Business:

329 SE 3RD ST.
OFFICE
HALLANDALE BEACH, FL 33009

Current Mailing Address:

PO BOX 2626
HALLANDALE BEACH, FL 33008 US

FEI Number: 65-0792333

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARLOS F. MARTIN, PA
2525 PONCE DE LEON BOULEVARD
SUITE 300
CORAL GABLES , FL 33134 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: CARLOS F MARTIN

02/18/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name COHEN, CHARLOTTE
Address 329 SE 3RD ST
UNIT 404T
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR
Name CAVALIERI, EMILIO
Address 329 SE 3RD ST
UNIT 405P
City-State-Zip: HALLANDALE BEACH FL 33009

Title TREASURER
Name CHAI, EYAL
Address 20735 NE 30TH PLACE
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name GARICA PEREZ, ESTELA
Address 329 SE 3RD ST
UNIT 204S
City-State-Zip: HALLANDALE BEACH FL 33009

Title PRESIDENT, SECRETARY
Name MORGAN, KARYS
Address 329 SE 3RD ST
UNIT 501S
City-State-Zip: HALLANDALE BEACH FL 33009

Title VP
Name BRAND, STEVEN
Address 329 SE 3RD ST
305R
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR
Name PARLMAN, PATRICIA
Address 329 SE 3RD STREET
101R
City-State-Zip: HALLANDALE BEACH FL 33009

I hereby 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 all other like empowered.

SIGNATURE: KARYS MORGAN

PRESIDENT

02/18/2021

Electronic Signature of Signing Officer/Director Detail

Date