

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

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90088 013 \*\*\*\*70.00

**DOCUMENT # 706155**

1. Entity Name

JACKSON MANOR APARTMENTS, INC.



Principal Place of Business

2319 JACKSON STREET  
UNIT 1  
HOLLYWOOD FLA 33020

Mailing Address

1023 N GOLF DR  
HOLLYWOOD FL 33021  
US

64061000



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1160709

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SYFERT, MARTHA V  
1023 N GOLF DR  
HOLLYWOOD FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

*Martha V. Syfert* (MARTHA V. SYFERT) (TREASURER) 3/16/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RABITSCH, GUNTHER	
STREET ADDRESS	4201 N OCEAN DR #203	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DALEY, CYNTHIA	
STREET ADDRESS	2319 JACKSON ST #4	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAMILTON, SHARIE	
STREET ADDRESS	2319 JACKSON ST., 31	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SYFERT, MARTHA	
STREET ADDRESS	1023 N GOLF DR	
CITY-ST-ZIP	HOLLYWOOD FL 33021-5524	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARABALLO, NORMA	
STREET ADDRESS	2319 JACKSON ST., #6	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, CECILIA	
STREET ADDRESS	2319 JACKSON ST., #2	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABITSCH, GUNTHER	
STREET ADDRESS	4201 OCEAN DR #203	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALEY, CYNTHIA	
STREET ADDRESS	2319 JACKSON ST #4	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, SHERIE	
STREET ADDRESS	2319 JACKSON ST. #1	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYFERT, MARTHA	
STREET ADDRESS	1023 N. GOLF DR.	
CITY-ST-ZIP	HOLLYWOOD, FL 33021-5524	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, CECILIA	
STREET ADDRESS	2319 JACKSON ST. #2	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

**SIGNATURE:** *Martha V. Syfert* (MARTHA V. SYFERT) (TREASURER) 3-16-04 954-989-3687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #