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NONPROFIT CORPORATION ANNUAL REPORT

1997



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FLORIDA DEPARTMENT OF STATE

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Apr 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711950

(6)

DREW RIDGE APTS. B. INC.

| Principal Place of Business | | | Mailing Addre | SS | _ | | |] | L CAREN JANON | | 181 WILLIA | ett fillet n | 1811 VIVIA | | KII 83811 1881 |
|---|---|--|--|---|--|--|---------------------------|--------------|-----------------------------|--------------------------|------------|--------------|--------------------|----------------|--|
| % Wanek Pro 2155 NE COAC CLEARWATER I | | | % WANEK PROPERTY MANAGEMENT 2155 NE COACHMAN RD CLEARWATER FL 34625-2616 | | | | | | | | | | | , | |
| US | · | | US | | | | | 3. Dat | e Incorporat 12/14/18 | ed or Qual 366 | lified | 3a. D | ate of La 03/20 | ast Re 6/19 | port 96 |
| 2. Principal Pi | ace of Business | 2 | 2a. Mailing Ad | dress | | | | 4. FEI | Number | ~~. | | | | Ap | plied For |
| | | 26 | | | | | | <u> </u> | 23-7039 | 604 | | | | | Applicable |
| Suite, Apt. | · | 27 | | | | | | 5. Cer | tificate of Sta | atus Desire | ed | | | | dditional quired |
| City & State | 9 | 26 | City & Stat | le | | | | 4 | ction Campa st Fund Coni | _ | ing | | | | May Be |
| Zip | Country | | Zip | *************************************** | Cou | intry | | 8. This | corporation | has liabili | ty for in | tangible | tax und | der s. | 199.032 |
|] | 25 | 29 | | | 30 | , | | | ida Statutes | | | Yes | | | . |
| | 9. Name and Address | of Current Heg | gistered Agen | ıt | | 81 N | ame | 10. Nei | me and Add | iress of No | ew Heg | stered | Agent | | |
| MARK BERLE | PROPERTY MANAGE | APAPP | | | | | | | | | | | | | |
| | PROPERTY MANAGEN | AEN I | | | | 82 St | reet Addre | ess (P.O. I | Box Number | is Not Acc | ceptable | 9) | | | |
| 2155 NE - SUITE 1 | COACHMAN RD | | | | | 83 | | | | | | | | | 7 |
| | VATER FL 34625 | | 1 | | | | LEAS | <u> </u> | Emo | ve | SV | ITE | | 119 | <u></u> |
| OLLANI | INIEN I E OTOES | | | | | 84 C | ity | | | | | FL | 85 | Zip C | ode |
| 1. Pursuant t | to the provisions of Sectio | ns 617.0502 and | 1 617.1508. Flo | orida Statu | ites, the a | bove-na | med corp | oration su | bmits this st | atement fo | r the pu | rpose o | chano | ina its | registered |
| office or r | egistered agent, or both, i m familiar with, and accep | n the State of Flo | orida. Such ch | ange was | authorize | d by the | corporation | on's board | d of directors | s. I hereby | accept | the apr | oointmei | nt as i | registered |
| agoni Lai | m tamiliat with land accor | n the obligations | S Of. Section 6 | 1 / [[5]] () | iorida Sta | unes | | | | | | | | | |
| agenera | m rammar min, and accep | | , | 11.0000, 1 | | | | | | | | | | | |
| IGNATURE | | - | | | | | | d when reins | tating) | | | DATE | | | |
| IGNATURE _ | Signature, typed or printed name of | - | title il applicable. | | | | pnature require | | tating) ITIONS/CHA | NGES TO | OFFICE | | D DIREC | TOR | 5 IN 12 |
| IGNATURE _ | Signature, typed or printed name of | registered agent and I | tille il applicable. RECTORS | | TE: Registere | d Ageni siç | | | | NGES TO | OFFICE | | D DIREC | | |
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| PIGNATURE _ 2. ITLE AME TREET ADDRESS | Signature, typed or printed name of OFF D RENFROE, C. E. | registered agent and FICERS AND DIR | tille il applicable. RECTORS | (NO | 13. 1.1 Ti 1.2 N | d Ageni siç ITLE IAME | mature require | | | NGES TO | OFFICE | | | | |
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