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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 711950

1. Corporation Name

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DREW R	IDGE APTS. B, INC.		•		· · · · · · · · · · · · · · · · · · ·		
Principal Place % WANEK PRO 2155 NE COAC CLEARWATER US	DPERTY MANAGEMENT CHMAN RD	Mailing Address % Wanek property Manage 2155 Ne Coachman RD CLEARWATER FL 34625 US	EMENT				
2. Principal P	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed			
21		26		12/14/1966			l
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number 23-7039604	— ——	plied For t Applicable	
City & Stat	Δ	City & State		_	\$8.75 A		1
23	. .	28		5. Certifcate of Status Desired	Fee Re		
Zip	Country	zig 33765 30	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
24]	9. Name and Address of Curren	120 , 1001	<u> </u>	10. Name and Address of New Regis		0.000	1
	Marie and Address of Current	it registered Agent	81 Name				1
MANAGETT ON	DODEDTY MANAGEMENT						-
WANEK PROPERTY MANAGEMENT 2155 NE COACHMAN RD			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)			
	/		83				l
CLEARWA	TER FL 34625		24		[aa] 7:n 6	7 a al a	_
	/		84 City		FL 85 29	ያ የ ት/_ <	₽"
	•		4 I			ムクロコ	
11. Pursuant office or ragent. I a	to the provisions of Sections 617.050/ egistered agent, or both, in the State of familiar with, and accept the obligation	2 and 617.1508, Florida Statutes, to of Florida. Such change was author tions of, Section 617.0503, Florida	he above-named conized by the corpore Statutes.	orporation submits this statement for the purp ation's board of directors. I hereby accept the		registered gistered	
11. Pursuant office or r agent. I a	m tamiliar with, and accept the obligat	lions of, Section 617.0505, Florida	Statutes.		ose of changing its appointment as reg	registered gistered	1
agent. I a	In Tamiliar with, and accept the obligat	nt and title if applicable. (NOTE: Regi	he above-named or rized by the corpori Statutes.		ose of changing its appointment as reg		(00)
agent. I a SIGNATURE 12.	I'm familiar with, and accept the obligation of signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE: Reginal DIRECTORS	istered Agent signature req	quired when reinstating) D	ose of changing its appointment as reg		(44,00)
agent. I a SIGNATURE 12. IIILE	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE: Regil	Statutes. istered Agent signature req	quired when reinstating) D	ose of changing its appointment as reg	RS IN 12	27 (44/08)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN D RENFROE, C. E.	nt and title if applicable. (NOTE: Regit D DIRECTORS	istered Agent signature req 13. 1.1 TITLE 1.2 NAME	quired when reinstating) D	ose of changing its appointment as reg	RS IN 12	E027 (44,00)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN D RENFROE, C. E. 1221 DREW ST B-12	nt and title if applicable. (NOTE: Regit D DIRECTORS	instered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	quired when reinstating) D	ose of changing its appointment as reg	RS IN 12	DOENS7 (44/08)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN D RENFROE, C. E. 1221 DREW ST B-12 CLEARWATER, FL 00000	nt and title if applicable. (NOTE: Regil	istered Agent signature req 13. 1.1 TITLE 1.2 NAME	quired when reinstating) D	ose of changing its appointment as reg	RS IN 12	CD0E007 (44,00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN D RENFROE, C. E. 1221 DREW ST B-12 CLEARWATER, FL 000000 ST	nt and title if applicable. (NOTE: Regit ID DIRECTORS DELETE	istered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	quired when reinstating) D	ose of changing its appointment as reg	RS IN 12	CD0E007 (44,000)
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AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered egen OFFICERS AN D RENFROE, C. E. 1221 DREW ST B-12 CLEARWATER, FL 000000 ST KELLY, RONALD 1221 DREW ST B16 CLEARWATER FL D CRAWFORD, ALICE	nt and title if applicable. (NOTE: Regil ID DIRECTORS DELETE DELETE	instered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	quired when reinstating) D	ose of changing its appointment as reg	RS IN 12 Addition Addition	CD0E007 (44,00)
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered agen OFFICERS AN D RENFROE, C. E. 1221 DREW ST B-12 CLEARWATER, FL 000000 ST KELLY, RONALD 1221 DREW ST B16 CLEARWATER FL D CRAWFORD, ALICE 1221 DREW ST 18B	nt and title if applicable. (NOTE: Reginal DELETE) DELETE DELETE	istered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	quired when reinstating) D	ose of changing its appointment as regarded. ATE RS AND DIRECTO Change Change	RS IN 12 Addition Addition Addition	CD2E027 (44,08)
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CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 treate empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CLEARWATER FL

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

elegquired SIGNATURE AND TYPED OR PRINTED NAM

DELETE

727-442-2252

Addition