2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

APAY, PATRICIO

590 OCEAN DR.

KEY BISCAYNE, FL 33149

NAME

TITLE NAME

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED Mar 02, 2007 8:00 am Secretary of State 03-02-2007 90014 022 ****61.25

☐ Change

Addition

1. Entity Nam	MENT # 714060 PRIVE MANOR, INC.			03-02-2	007 90014 022 ******61.2	5	
		Mailing Address C/O CPM 170 OCEAN LANE DR KEY BISCAYNE, FL 33149 US			40027705		
Principal Place of Business - No P.O. Box # 3. M		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02222007 Chg-NP	CR2E037 (12/06)		
City & State		City & State	City & State		Applie Not Ap	ed For oplicable	
Zip	Country	Zip	Country	5. Certificate of Status Des	ired S8.75 Addition	nai	
····	6. Name and Address of Current R	egistered Agent		7. Name and Address of I	New Registered Agent		
OFBIELE	D DDODEDTY MANAGEMENT	2000	Name	Name			
170 OCEA	D PROPERTY MANAGEMENT (IN LANE DR AYNE, FL 33149	JORP			(P.O. Box Number is Not Acceptable)		
					FL Zip Code		
	named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent and			squired when reinstating)	DATE	accept	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campai Trust Fund Contr		\$5.00 May Be Added to Fees	Make check payable to Florida Department of State	•	
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D RAYBURN, ED 590 OCEAN DR KEY BISCAYNE, FL 33149	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASSERSCHIED, LARRY 590 OCEAN DR KEY BISCAYNE, FL 33149	™ Delete	NAME STREET ADDRESS CITY-ST-ZIP	REHAMBAULT, CL 170 OLLAN LAN Kty Biscayne,	E DR	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, RANDOLPH 590 OCEAN DR. KEY BISCAYNE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MINOR, STEVE 590 OCEAN DR KEY BISCAYNE, FL 33149	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change [Addition	
TITLE	D	☐ Delete	TITLE		☐ Change [Addition	

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 reduct 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 applicable.

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

Delete

SIGNATURE:	911100	_ Mgt. Gant	2-22-07	305-361-961
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING	OFFICER OR PRECTOR	Date	Daytime Phone #