2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90285 023 ****61.25

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01312007 Chg-NP CR2E037 (12/06)

DOCUMENT # 717919

1. Entity Name
FLORIDA APARTMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1133 W MORSE BLVD SUITE 201 WINTER PARK, FL 32789	1133 W MORSE BLVD SUITE 201 WINTER PARK, FL 32789

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
341 N. MAITLAND AVENUE	341 N. MAITLAND AVENUE
Suite, Apt. #, etc. SUITE 130	Suite, Apt. #, etc. SUITE 130
City & State MAITLAND, FL	City & State MAITLAND, FL
Zip 32751 / Country ORANGE	Zip 32751 / Country ORANGE

4. FEI Number 59-1309017 — ☐ 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
CROW,PAT 1133 W. MORSE, STE. 201 WINTER PARK, FL 32789	Name: CROW-SEGAL, PAT Street Address (P.O. Box Number is Not Acceptable): 341 N. MAITLAND AVENUE SUITE 130 City: MAITLAND FL Zip Code: 32751

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: Pat Crow Segal — DATE: 4/2/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD ☒ Delete	TITLE	STD ☐ Change ☒ Addition
NAME	GRABER, ROD	NAME	FREDLUND, CINDY
STREET ADDRESS	324 N BAY HILLS BLVD	STREET ADDRESS	250 BELLE CHASE CR.
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	CITY-ST-ZIP	TAMPA, FL 33634
TITLE	PD ☐ Delete	TITLE	PPD ☒ Change ☐ Addition
NAME	ALLEN, TERI	NAME	ALLEN, TERI
STREET ADDRESS	8002 RICHMOND PLACE DRIVE	STREET ADDRESS	8002 RICHMOND PLACE DRIVE
CITY-ST-ZIP	TAMPA, FL 33647	CITY-ST-ZIP	TAMPA, FL 33647
TITLE	PPD ☒ Delete	TITLE	PD ☐ Change ☒ Addition
NAME	WATKINS, DAVID	NAME	DECKER, MARK
STREET ADDRESS	8001 WOODLANDS CENTER BLVD #150	STREET ADDRESS	555 WINDERLY PLACE, #415
CITY-ST-ZIP	TAMPA, FL 33614	CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	PD ☐ Delete	TITLE	PPD ☒ Change ☐ Addition
NAME	RATCHFORD, KATHY	NAME	RATCHFORD, KATHY
STREET ADDRESS	5950 HAZELTINE NATIONAL DR, # 157	STREET ADDRESS	5950 HAZELTINE NATIONAL DRIVE, #625
CITY-ST-ZIP	ORLANDO, FL 32822	CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	TD ☐ Delete	TITLE	VPD ☒ Change ☐ Addition
NAME	GALLAHER, BRENDA	NAME	GALLAHER, BRENDA
STREET ADDRESS	7645 GATE PKWY, # 202	STREET ADDRESS	7645 GATE PKWY, #202
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	PPD ☐ Delete	TITLE	PPD ☒ Change ☐ Addition
NAME	SMITH, MARK	NAME	SMITH, MARK
STREET ADDRESS	28 W CNTRL BLVD, # 200	STREET ADDRESS	350 W. PINE STREET
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	ORLANDO, FL 32801

12. I hereby certify that the information supplied with this filing 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 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: Mark A. Deck — 4/17/07 — 407-660-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #