


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90048 003 \*\*\*\*61.25

DOCUMENT # N00000002065			
1. Entity Name CITY VIEW APARTMENTS, INC.			
Principal Place of Business <del>155 SOUTH MIAMI AVE., SUITE 850</del> MIAMI, FL <del>33131</del>		Mailing Address <del>155 SOUTH MIAMI AVE., SUITE 850</del> MIAMI, FL <del>33131</del>	
2. Principal Place of Business - No P.O. Box # 2828 Coral Way		3. Mailing Address 2828 Coral Way	
Suite, Apt. #, etc. 500		Suite, Apt. #, etc. 500	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33145		Country	
Country		Country	
4. FEI Number 65-1072394		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARRFOUR SUPPORTIVE HOUSING, INC 155 SOUTH MIAMI AVE. SUITE 850 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: CARRFOUR SUPPORTIVE HOUSING INC. Street Address (P.O. Box Number is Not Acceptable): 2828 Coral Way SUITE 500 City: MIAMI FL Zip Code: 33145	
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: <i>Stephanie Berman</i>		DATE: 4/7/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: C	NAME: GARCIA, TERE	TITLE: DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2601 S. BAYSHORE DR., 10TH FL	CITY-ST-ZIP: MIAMI, FL 33131	NAME:	
	<input type="checkbox"/> Delete	STREET ADDRESS:	
TITLE: D	NAME: QUICK, LINDA S	TITLE: VICE CHAIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 6363 TAFT STREET STE 200	CITY-ST-ZIP: HOLLYWOOD, FL 33024	NAME: ALAN OJEDA	
	<input checked="" type="checkbox"/> Delete	STREET ADDRESS: 2828 CORAL WAY, SUITE 500	
TITLE: SD	NAME: CASALE, FRANKLYN MSGR	CITY-ST-ZIP: MIAMI, FL 33145	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 16400 NW 32 AVENUE	CITY-ST-ZIP: MIAMI, FL 33054	NAME:	
	<input type="checkbox"/> Delete	STREET ADDRESS:	
TITLE: T	NAME: DANNER, STEPHEN	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1101 BRICKELL AVE., STE 1402	CITY-ST-ZIP: MIAMI, FL 33133	NAME:	
	<input type="checkbox"/> Delete	STREET ADDRESS:	
TITLE: V	NAME: BERMAN, STEPHANIE	TITLE: PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 115 S. MIAMI AVE., STE. 850	CITY-ST-ZIP: MIAMI, FL 33131	NAME:	
	<input type="checkbox"/> Delete	STREET ADDRESS:	
TITLE: VC	NAME: MESSAR, JOHN	TITLE: CHAIRPERSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 801 BRICKELL AVE, STE. 2450	CITY-ST-ZIP: MIAMI, FL 33131	NAME:	
	<input type="checkbox"/> Delete	STREET ADDRESS:	
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: <i>Stephanie Berman</i>		DATE: 4/7/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	