

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 717919 (5)

1. Corporation Name

FLORIDA APARTMENT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1133 W MORSE BLVD  
SUITE 201  
WINTER PARK FL 32789

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SUITE 201  
WINTER PARK FL 32789

3. Date Incorporated or Qualified  
01/20/1970

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROW,PAT  
1133 W. MORSE, STE. 201  
WINTER PARK FL 32789

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD  
NAME CAVARETTA, NAN  
STREET ADDRESS 622 SAILFISH ROAD  
CITY-ST-ZIP WINTER SPRINGS FL

1.1 TITLE PED  
1.2 NAME Cavaretta, Nan  
1.3 STREET ADDRESS 622 Sailfish Road  
1.4 CITY-ST-ZIP Winter Springs, FL  
☒ Change ☐ Addition

TITLE TD  
NAME MASON, JUNE  
STREET ADDRESS 2180 WEST SR 434 #6116  
CITY-ST-ZIP LONGWOOD FL

2.1 TITLE VD  
2.2 NAME Mason, Jan  
2.3 STREET ADDRESS 2180 West SR 434, #6116  
2.4 CITY-ST-ZIP Longwood, FL 32750  
☒ Change ☐ Addition

TITLE PE  
NAME BRADBURN, CAREY  
STREET ADDRESS 541 S ORLANDO AVE #200  
CITY-ST-ZIP MAITLAND FL

3.1 TITLE PD  
3.2 NAME Bradburn, Cary  
3.3 STREET ADDRESS 541 S. Orlando Avenue #200  
3.4 CITY-ST-ZIP Maitland, FL  
☒ Change ☐ Addition

TITLE PP  
NAME BURNS, CHRIS  
STREET ADDRESS 1449 N DALE MABRY HWY #201  
CITY-ST-ZIP TAMPA FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE VPD  
NAME FITZPATRICK, CHRISTINA  
STREET ADDRESS 92424 BAYMEADOWS RD  
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE PD  
NAME BEVIS, MARIE  
STREET ADDRESS 1 PARK PLACE 621 NW 53 ST #125  
CITY-ST-ZIP BOCA RATON FL

6.1 TITLE PPD  
6.2 NAME Bevis, Marie  
6.3 STREET ADDRESS 1 Park Place 621 NW 53 St., #125  
6.4 CITY-ST-ZIP Boca Raton, FL  
☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trustee 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/96  
Date

407-647-8839  
Daytime Phone #

CR2E037 (12/95)