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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name 717919

(5)

FLORIDA APARTMENT ASSOCIATION, INC.

| Principal Place of Business Mailing Address | | | | | | ATT BINDS WIRST DIE | ii gigii iggi |
|--|--|---|----------------------|---------------|--|------------------------------|----------------------------|
| 1133 W MORSE BLVD SUITE 201 WINTER PARK FL 32789 | | 1133 W MORSE BLVD SUITE 201 WINTER PARK FL 32789-3788 | | | | | |
| | | | | | | | |
| | | | | | 3. Date Incorporated or Qualified 3a. (| Date of Last Re 04/11/199 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | **** | 4. FEI Number | Ap | plied For |
| 21 | | 26 | | | 59-1309017 | No | t Applicable |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Slatus Desired | \$8.75 A | |
| City & Stat | 0 | City & State | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 | | | Trust Fund Contribution | Added t | • |
| Ζίρ 24 | Country 25 | Zip 29 | Country 30 | , | 8. This corporation has liability for intanglbing Florida Statutes | | 199.032, |
| | 9. Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New Registered | I Agent | |
| | | | 81 | Name | | | |
| CROW,PAT | | | 62 | Street | Address (P.O. Box Number is Not Acceptable) | | |
| | MORSE, STE. 201 | | 83 | | | | |
| WINTER | PARK FL 32789 | | 03 | | | | |
| | i e | | 84 | City | FI | 85 Zip (| Code |
| office or r | to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the oblig | e of Florida. Such change was au | ithorized by | y the corp | corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap | of changing its | s registered registered |
| SIGNATURE | . , | • | | | | | |
| | Signature, typed or printed name of registered ag | | | ent signature | required when reinstating) DATE | ID DIDECTOR | 0.10.40 |
| 12. TITLE | PED OFFICERS AN | ID DIRECTORS DELETE | 13. | | ADDITIONS/CHANGES TO OFFICERS AND PD | X Change | Addition |
| NAME | CAVARETTA, NAN | | 1.2 NAME | ļ | CAVARETTA, NAN | THE CHARGE | Lind 1 400 Mon |
| STREET ADDRESS | 622 SAILFISH ROAD | | | ADDRESS | 622 SAILFISH ROAD | | |
| CITY-ST-ZIP | WINTER SPRINGS FL | | 1.4 CiTY-5 | | WINTER SPRINGS, FL 32708 | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | PED | Change | Addition |
| NAME | MASON, JUNE | | 2.2 NAME | | MASON, JAN | | • |
| STREET ADDRESS | 2180 WEST SR 434 #6116 | | 2.3 STREET | ADDRESS | 2180 WEST SR 434, #6116 | | |
| CHTY-ST-ZIP | LONGWOOD FL | | 2.4 CITY- | ST-ZIP | LONGWOOD, FL 32750 | <u></u> | |
| TITLE | PD | ☐ DELETE | 3 1 TITLE | | PPD | Change | Addition |
| NAME | BRADBURN, CARY | | 32 NAME | | BRADBURN, CARY | | |
| STREET ADDRESS | 541 S ORLANDO AVE #200 | | 3.3 STREE | ADDRESS | 541 S. ORLANDO AVENUE, #20 |)0 | |
| CITY-ST-ZIP | MAITLAND FL | M DESERT | 3 4. C(TY- | ST-ZIP | MAITLAND, FL 32751 | Chann | IVI Addition |
| TITLE | PP | X DELETE | 4.1 TITLE | | DOCEMBA CCED MARK | Change | X Addition |
| NAME | BURNS, CHRIS | *** | 4. 2 NAME | | ROSENWASSER, MARK | 201 # | 110 |
| STREET ADDRESS | 1449 N DALE MABRY HWY | ² 201 | | ADDRESS | 200 S. HOOVER BLVD., BLDG. | . 201, # | 110 |
| CITY-ST-ZIP | TAMPA FL | DELETE | 4.4 CITY - 5.1 TITLE | 51 - ZIP | TAMPA, FL 33609 | Change | X Addition |
| TITLE | VPD | Ŭ, pririt | | | TD | First Charifts | AD MUSICION |
| NAME | FITZPATRICK, CHRISTINA | | 5.2 NAME | | ACTON, LUANNE | | |
| STREET ADDRESS | 92424 BAYMEADOWS RD | | | ADDRESS | 6503 N. MILITARY TRAIL | | |
| CITY-ST-ZIP | JACKSONMILLE FL | DELETE | 5.4 CITY - 3 | ST - ZIP | BOCA RATON, FL 33496 | Change | an Addition |
| TITLE | PPD | TĂ PETE IE | 6.1 TITLE | | VPD | T ruguits | Addition |
| NAME | BEVIS, MARIE | N | 6.2 NAME | | BUCK, STEVE | | |
| STREET ADDRESS | I PARK PLACE 621 NW 53 S | j1 #125 | 6.3 STREE | ADDRESS | 2289 LEE ROAD | | |

SIGNATURE:

14. I do 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 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.

FILED

Feb 07 1997 8:00am

Secretary of State

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