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FILED
Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **717919** (5)

1. Corporation Name

FLORIDA APARTMENT ASSOCIATION, INC.



Principal Place of Business 1133 W MORSE BLVD SUITE 201 WINTER PARK FL 32789	Mailing Address 1133 W MORSE BLVD SUITE 201 WINTER PARK FL 32789
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3. Date Incorporated or Qualified

01/20/1970

4. FEI Number

59-1309017

Applied For

Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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

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

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

TITLE	PPPD	☐ DELETE
NAME	BRADBURN, CARY	
STREET ADDRESS	541 S ORLANDO AVE #200	
CITY-ST-ZIP	MAITLAND FL	

TITLE	VPD	☐ DELETE
NAME	ROSENWASSER, MARK	
STREET ADDRESS	200 S HOOVER BLVD, BLDG 201, #110	
CITY-ST-ZIP	TAMPA FL	

TITLE	TD	☐ DELETE
NAME	ACTON, LUANNE	
STREET ADDRESS	6503 N MILITARY TR	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	VPD	☐ DELETE
NAME	BUCK, STEVE	
STREET ADDRESS	2289 LEE RD	
CITY-ST-ZIP	WINTER PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PPD	☒ Change ☐ Addition
1.2 NAME	CAVARRETTA, NANETTE	
1.3 STREET ADDRESS	200 S. ORANGE AVENUE	
1.4 CITY-ST-ZIP	ORLANDO, FL 32801	

2.1 TITLE	PD	☐ Change ☒ Addition
2.2 NAME	MILBRATH, JAN	
2.3 STREET ADDRESS	2180 W. STATE ROAD 434, #6116	
2.4 CITY-ST-ZIP	LONGWOOD, FL 32779	

3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	PED	☒ Change ☐ Addition
4.2 NAME	ROSENWASSER, MARC	
4.3 STREET ADDRESS	200 S. HOOVER BLVD., BLDG 201, #110	
4.4 CITY-ST-ZIP	TAMPA, FL 33609	

5.1 TITLE	VPD	☒ Change ☐ Addition
5.2 NAME	ACTON, LUANNE	
5.3 STREET ADDRESS	6503 N. MILITARY TRAIL	
5.4 CITY-ST-ZIP	BOCO RATON, FL 33496	

6.1 TITLE	VPD	☒ Change ☐ Addition
6.2 NAME	BUCK, STEVE	
6.3 STREET ADDRESS	1950 SUMMIT PARK DRIVE, #300	
6.4 CITY-ST-ZIP	ORLANDO, FL 32810	

14. I 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.

SIGNATURE:

[Signature]

3/24/98

407-647-8839

CR2E037 (10/97)