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Apr 05, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717919

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/20/1970	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1309017	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	30	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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	PPD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAVARRETTA, NANETTE	1.2 NAME	CHERRY, GARY
STREET ADDRESS	200 S ORANGE AVE	1.3 STREET ADDRESS	9036 MUIRFIELD COURT
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312-4005
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	PP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILBRATH, JAN	2.2 NAME	MILBRATH, JAN
STREET ADDRESS	2180 W STATE RD 434, #6116	2.3 STREET ADDRESS	210 WELCOME WAY
CITY-ST-ZIP	LONGWOOD FL 32779	2.4 CITY-ST-ZIP	FERN PARK, FL 32730
TITLE	PPPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADBURN, CARY	3.2 NAME	WATKINS, DAVID
STREET ADDRESS	541 S ORLANDO AVE #200	3.3 STREET ADDRESS	4311 W. WATERS AVENUE, #402
CITY-ST-ZIP	MAITLAND FL	3.4 CITY-ST-ZIP	TAMPA, FL 33614
TITLE	PED <input type="checkbox"/> DELETE	4.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENWASSER, MARC	4.2 NAME	ROSENWASSER, MARC
STREET ADDRESS	200 S HOOVER BLVD, BLDG 201, #110	4.3 STREET ADDRESS	200 S. HOOVER BLVD., BLDG. 201, #110
CITY-ST-ZIP	TAMPA FL 33609	4.4 CITY-ST-ZIP	TAMPA, FL 33609
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACTON, LUANNE	5.2 NAME	SANTAGADO, LUANN
STREET ADDRESS	6503 N MILITARY TR	5.3 STREET ADDRESS	6503 N. MILITARY TRAIL
CITY-ST-ZIP	BOCA RATON FL 33496	5.4 CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	VPD <input type="checkbox"/> DELETE	6.1 TITLE	PE/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCK, STEVE	6.2 NAME	BUCK, STEVE
STREET ADDRESS	1950 SUMMIT PARK DR, #300	6.3 STREET ADDRESS	1950 SUMMIT PARK DRIVE, #300
CITY-ST-ZIP	ORLANDO FL 32810	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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/99

407-647-8839

CR2E037-11/98

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