## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 01, 2004 8:00 am Secretary of State

1. Entity Name	MENT # 814298 NA APTS. INC.		·			03-01-200	4 90055 (	047 ****6	51.25	
Principal Place of Business 1936 S OCEAN DRIVE HALLANDALE, FL 33009  Mailing Address 1936 S OCEAN DRIVE HALLANDALE, FL 33009							 - 1 11311 11811 1181			
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01092004 C	Chg-NP	CR2E03	7 (10/03)		
City & State		City & State			4. FEI Number 59-09330	47	•		plied For t Applicable	
Zip	Country	Zip	Cou	untry	5. Certificate of S	Status Desired		\$8.75 Addi Fee Required		
	6. Name and Address of Current	Registered Agent		Nama	7. Name and Ad			gent		
HAMMOND PHYLLIG CALMBRO, CARMEL				Name C •	ACABRO, C	ARME	- n -	·- •-	: -	
1986 SOUTH OCEANDRIVE 1936 S OCEAN DR			R_	Street Address (P.O. Box Number is Not Acceptable) 1936 S GC EAN DR. (8A						
HALLAND		CLANDALE BCH,	۴۲	7-4-4-			•			
		330		City	LCANDALE	BEACH	/ FL	Zip Code	9	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	register	ed office or re	egistered agent, or both, i	n the State of Fk	orida. I am f	amiliar with,	and accept	
SIGNATURE TO Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature	e required when reinstating)		DATE			
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004	9. Election Ca Trust Fund	mpaign F	Financing	_ <b>\$5.00</b> May Be	N	DATE	payable to	I .	
10.	Filing Fee is \$61.25	9. Election Ca Trust Fund	mpaign F	Financing Gion.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	M Flor	DATE lake check rida Depart	payable to	10	
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12. 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 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: THE TOP OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #