2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 05, 2004 8:00 am Secretary of State **DOCUMENT #717919** 04-05-2004 90062 044 ****61.25 FLORIDA APARTMENT ASSOCIATION, INC. Principal Place of Business Mailing Address 1133 W MORSE BLVD 1133 W MORSE BLVD 94043006 SUITE 201 SUITE 201 WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 01082004 Chq-NP CR2E037 (10/03) City & State City & State Applied For 59-1309017 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CROW,PAT Street Address (P.O. Box Number Is Not Acceptable) 1133 W. MORSE, STE. 201 WINTER PARK, FL 32789 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TIME ☐ Delete TITLE i 🔼 Change ■ Addition Cherry, Gary CHERRY, GARY ... NAME NAME STREET ADDRESS 9036 MUIRFIELD CT 9036 Muirfield Ct. STREET ADDRESS CTTY-ST-ZIP TALLAHASSEE, FL 323124005 CITY-ST-ZIP Tallahassee, FL 32312-4005 Delete TIME TITLE Change X Addition Allen, Teri 11401 9th Street N. NAME MILBRATH, JAN NAME STREET ADDRESS 4000 SHORECREST DR. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32804 CITY-ST-7IP St. Petersburg, FL 33716 PD PP/D TITLE ☐ Delete TITLE ☐ Addition Watkins, David WATKINS, DAVID NAME NAME STREET ADDRESS 8001 WOODLANDS CENTER BLVD #150 STREET ADDRESS 8001 Woodlands Center Blvd., #150 CITY-ST-ZIP TAMPA, FL 33614 CITY-ST-7IP Tampa, FL 33614 VP/D PPN: Delete -TITLE TITLE ☐ Change . [X] Addition . ROSENWASSER, MARC NAME NAME Ratchford, Kathy 5950 Hazeltine National Dr., #157 STREET ADDRESS 200 S HOOVER BLVD, BLDG 201, #110 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33609 CiTY-ST-ZIP Orlando, FL 32822 PPD KI Change TITLE ☐ Delete TITLE ☐ Addition NAME ACTON, LUANN NAME Acton, Luann STREET ADDRESS 12230 FOREST HILL BLVD #157 STREET ADDRESS 12008 S. Shore Blvd., #106 WELLINGTON, FL 33414 CITY-ST-ZIP CITY-ST-7IP Wellington, FL 33414 TITLE **VPD** TITLE PE/D K Change ☐ Addition ☐ Delete SMITH, MARK NAME NAME Smith, Mark STREET ADDRESS 28 W CENTRAL BLVD #200 STREET ADDRESS 28 W. Central Blvd., #200 CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP Orlando, FL 32801 12. I hereby cartify 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 ar address, with all other like empowered. عرو (- 1: i i Lii i 2/31/04 <u> 4/1</u>ex SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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