2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State
03-14-2006 90035 007 ****61.25

DOCUMENT # 717919

1. Entity Name
FLORIDA APARTMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1133 W MORSE BLVD SUITE 201 WINTER PARK, FL 32789	1133 W MORSE BLVD SUITE 201 WINTER PARK, FL 32789

02142006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1309017 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CROW,PAT 1133 W. MORSE, STE. 201 WINTER PARK, FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ISHAM, ANGELA 5300 N. POWERLINE ROAD# 200 FORT LAUDERDALE, FL 33039	XX Delete	VPD Graber, Rod 324 N. Bay Hills Blvd. Safety Harbor, FL 34695	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALLEN, TERI 8002 RICHMOND PLACE DRIVE TAMPA, FL 33647	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD WATKINS, DAVID 8001 WOODLANDS CENTER BLVD #150 TAMPA, FL 33814	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED RATCHFORD, KATHY 5950 HAZELTINE NATIONAL DR. #157 ORLANDO, FL 32822	☐ Delete	PD Ratchford, Kathy 5950 Hazeltine National Dr., #157 Orlando, FL 32822	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD ACTON, LUANN 12008 S. SHORE BLVD. #106 WELLINGTON, FL 33414	XX Delete	TD Gallaher, Brenda 7645 Gate Pkwy,, #202 Jacksonville, FL 32256	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, MARK 28 W CENTRAL BLVD #200 ORLANDO, FL 32801	☐ Delete	PPD Smith, Mark 28 W. Central Blvd., #200 Orlando, FL 32801	XX Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kathryn Ratchford KATHRYN RATCHFORD 3-9-06 407-647-8839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #