2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # 177855

1. Entity Name
CORMONA APARTMENTS, INC.

Principal Place of Business	Mailing Address
% HICKOK & SUPERTY 2600 E. COMMERCIAL BLVD #201B FORT LAUDERDALE, FL 33308	% HICKOK & SUPERTY 2600 E. COMMERCIAL BLVD #201B FORT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

04182007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0808486

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HICKOK & SUPERTY, P.A. C
2600 E. COMMERCIAL BOULEVARD
SUITE 201B
FORT LAUDERDALE, FL 33308

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BERLIN, DAVID
STREET ADDRESS	C/O METALLOY CORPORATION
CITY-ST-ZIP	HUDSON, MI
TITLE	S
NAME	OLIN, CHARLOTTE
STREET ADDRESS	190 CAYUGA RD
CITY-ST-ZIP	LAKE ORION, MI 48362
TITLE	S
NAME	TINSLER, BARBARA
STREET ADDRESS	I155 AUBURN RD
CITY-ST-ZIP	ADRIAN, MI 49221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/25/07-80059-014 150.00

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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 607, 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: D Berlin DAVID N. BERLIN 5/4/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #