

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 208523 (1)

1. Corporation Name

BELVEDERE APARTMENTS OF CLEARWATER INC



Principal Place of Business

Mailing Address

C/O WANKE PROPERTY MANAGEMENT
2155 NE COACHMAN ROAD
CLEARWATER FL 34625
US

C/O WANKE PROPERTY MANAGEMENT
2155 NE COACHMAN RD.
CLEARWATER FL 34625
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/26/1957

3a. Date of Last Report

05/01/1995

4. FET Number

59-0864992

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

WANKE PROPERTY MANAGEMENT
2155 NE COACHMEN ROAD
CLEARWATER FL 34625

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	☐ DELETE
NAME	ZWERS, KATHY	
STREET ADDRESS	300 N. OSCEOLA AVE., #6D	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	SD	☐ DELETE
NAME	EGBERT, CONSTANCE G. WHITLEDON, JOANN	
STREET ADDRESS	300 N. OSCEOLA AVE. 2B 2B	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	T	☐ DELETE
NAME	FORD, CLARENCE H. MA ZD JELAR,	
STREET ADDRESS	300 N. OSCEOLA AVE. 6B 3C MLADEN	
CITY - ST - ZIP	CLEARWATER, FL 00000	
TITLE	D	☒ DELETE
NAME	FEELEY, JOSEPHINE M.	
STREET ADDRESS	300 N. OSCEOLA AVE. 4C	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	☐ DELETE
NAME	EGBERT, LESLIE JR. PEENS, LOUIS	
STREET ADDRESS	300 N OSCEOLA AVE 2C	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	P	☐ DELETE
NAME	DEPOOLE, ANN	
STREET ADDRESS	300 N. OSCEOLA AVE., #7E	
CITY - ST - ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	BRAYTON, RUTH	
1.3 STREET ADDRESS	300 N. OSCEOLA AVE. 5-C	
1.4 CITY - ST - ZIP	CLEARWATER FL 34615	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ann DePoole* ANN DEPOOLE 3-26-96 813-442-122-6
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #

CR2E034 (12/95)