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Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

Mailing Address

C/O WANER PROPERTY MANAGEMENT
2155 NE COACHMAN RD.
CLEARWATER FL 34625-2616
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/26/1957

3a. Date of Last Report

04/05/1996

4. FEI 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

9. Name and Address of Current Registered Agent

WANER PROPERTY MANAGEMENT
2155 NE COACHMAN ROAD
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME ZWERS, KATHY
STREET ADDRESS 300 N. OSCEOLA AVE., #8D
CITY-ST-ZIP CLEARWATER FL

TITLE SD ☐ DELETE

NAME WHITTLETON, JOANN
STREET ADDRESS 300 N. OSCEOLA AVE 2B
CITY-ST-ZIP CLEARWATER FL

TITLE X D ☐ DELETE

NAME ZOJELAR, MLADEN
STREET ADDRESS 300 N OSCEOLA AVE 3C
CITY-ST-ZIP CLEARWATER, FL 00000

TITLE X TD ☐ DELETE

NAME BRAYTON, RUTH DOBIN, BART
STREET ADDRESS 300 NORTH OSCEOLA AVENUE -> 6C
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE

NAME PEENS, LOUIS ANKE
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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: X Ann S. Depoole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3 25 97 X 813-442-1224

Date

Daytime Phone #

CR2E034 (9/96)