

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|------------------------------------|---------------------|---|--|--|
| DOCUMENT # 208523 1. Entity Name BELVEDERE APARTMENTS OF CLEARWATER INC | | | | | |
| Principal Place of Business 2155 NE COACHMAN RD CLEARWATER FL 33765 US | | | Mailing Address 2155 NE COACHMAN RD CLEARWATER FL 33765 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-0864992 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| WANEK PROPERTY MANAGEMENT 2155 NE COACHMAN RD CLEARWATER FL 33765 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DPBIN, BART | | NAME | | |
| STREET ADDRESS | 300 N. OSCEOLA AVE, 6-C | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL 33755 | | CITY-ST-ZIP | | |
| TITLE | VD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ZDJELAR, MLADEN | | NAME | | |
| STREET ADDRESS | 300 N OSCEOLA AVE 3C | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL | | CITY-ST-ZIP | | |
| TITLE | TD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HEINEY, MICHAEL | | NAME | | |
| STREET ADDRESS | 300 NORTH OSCEOLA AVENUE 2-D | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL 33755 | | CITY-ST-ZIP | | |
| TITLE | SD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HELLER, HUBERT | | NAME | | |
| STREET ADDRESS | 300 N OSCEOLA AVE 2C | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL 33755 | | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | COATES, THOMAS | | NAME | | |
| STREET ADDRESS | 300 N. OSCEOLA AVE., #4B | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL 33755 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I 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 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 BART DOBIN | | | Date 2/25/04 Daytime Phone # 446-8169 | | |



MOORE CR2E034 (11/03)

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03/02/04-80041-004 150.00

BART DOBIN

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