2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 239762

1. Entity Name
TYLER COOP APARTMENTS INC



FILED
Jan 14, 2005 08:00 AM
Secretary of State

Principal Place of Business

3533 TYLER STREET HOLLYWOOD, FL 33021 Mailing Address

3533 TYLER STREET HOLLYWOOD, FL 33021



DO NOT WRITE IN THIS SPACE

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1026487

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, BERNARDO 3533 TYLER STREET, APT. 20 HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

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 approaches. (NOTE Registered Agent signature required when reinstating) DATE				
Ograzina, speci o primara nama sa nagrae de again and mari appropria.				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10. OFFICERS AND DIREC		TORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIXON, LYSLE 109 EDNA RD. SYRACUSE, NY 13205	-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VERREAULT, ALEX 3533 TYLER ST #13 HOLLYWOOD, FL 33021			U00000181185 01/14/05-80038-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BECK, KENNETH D 100 FALL VIEW TERR. ITHACA, NY 14850	-	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEREZ, BERNARDO 3533 TYLER ST #20 HOLLYWOOD, FL 33021		······································	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETTE, ROGER 3533 TYLER ST #19 HOLLYWOOD, FL 33021			
TITLE NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-05 (954) 966-5178