

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90032 040 ***150.00

DOCUMENT # 244497

1. Entity Name

DRIFTWOOD APARTMENTS, INC.



Principal Place of Business

2655 LAKE DR
#6
RIVIERA BEACH FL 33404
US

Mailing Address

2655 LAKE DR
#6
RIVIERA BEACH FL 33404
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

8902 SE Marina Bay Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

Hobe Sound FL

4. FEI Number

59-0997109

Applied For

Not Applicable

Zip

Country

Zip

33455

Country

Martin

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLS, JEAN
2655 LAKE DRIVE# 6
RIVIERA BEACH FL 33404

Name

JEAN WELLS Secretary / Treasurer

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

8902 SE Marina Bay Dr

City

Hobe Sound

FL

Zip Code

33455

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

JEAN WELLS

Secretary / Treasurer

2-24-08

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME HICKERSON, FRED
STREET ADDRESS 1712 GALLOP DRIVE
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME FLEMING, DAVID
STREET ADDRESS 267 RIDGE HILL RD
CITY-ST-ZIP MECHANICSBURG PA 17050

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

JEAN WELLS

Secretary / Treasurer

561-312-1567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/08

Daytime Phone #