

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 248254

FILED  
Jul 17, 2006  
Secretary of State

Entity Name: HIGH NOON APARTMENT MOTELS, INC.

## Current Principal Place of Business:

4424 EL MAR DRIVE  
LAUDERDALE-BY-THE-SEA  
LAUDERDALE BY THE SEA, FL 33308

## New Principal Place of Business:

## Current Mailing Address:

4424 EL MAR DRIVE  
LAUDERDALE-BY-THE-SEA  
LAUDERDALE BY THE SEA, FL 33308

## New Mailing Address:

FEI Number: 59-0933439

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOVAK, PAUL  
4900 NORTH OCEAN BLVD. - SEA RANCH CLUB C  
507  
LAUDERDALE BY THE SEA, FL 33308 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: NOVAK, PAUL,  
Address: 4900 NORTH OCEAN BLVD # 507-SEA RANCH CLUB  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: D ( ) Delete  
Name: NOVAK, BRUCE,  
Address: 4060 N.E. 16 TH AVE  
City-St-Zip: OAKLAND PARK, FL 33334

Title: STD ( ) Delete  
Name: NOVAK, CAROL,  
Address: 4900 NORTH OCEAN BLVD#507-SEA RANCH CLUB  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: D ( ) Delete  
Name: NOVAK, BRIAN,  
Address: 4321 BOUGAINVILLE DRIVE  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: D ( ) Delete  
Name: NOVAK, JENNIFER,  
Address: 1 CHASE HOLLOW LANE  
City-St-Zip: GLASTONBURY, CT 06033

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL NOVAK

PD

07/17/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date