

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 258798 (8)

1. Corporation Name

CARROLL MANOR APARTMENTS INC



Principal Place of Business

32 CAMDEN DRIVE
BAL HARBOUR FL 33154

Mailing Address

32 CAMDEN DRIVE
BAL HARBOUR FL 33154

3. Date Incorporated or Qualified

05/09/1962

3a. Date of Last Report

02/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMES, BIELEJESKI, LUNNY & NURELIUS
4367 NO. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308

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 607.0102 and 607.1505, 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 of Registered Agent (Required for all filings)

Signature of Registered Agent (Required for all filings)

DATE

12. OFFICERS AND DIRECTORS

12.1

PD
VAN HUFFEL, JAMES
32 CAMDEN DR., #10
BAL HARBOUR FL

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

12.2

VPD
VAN HUFFEL, JOAN
32 CAMDEN DR., #10
BAL HARBOUR FL

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

12.3

SD
KNAPPENBERGER, DIANNE
32 CAMDEN DR., #1
BAL HARBOUR FL

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

12.4

NAME

STREET ADDRESS

CITY - ST - ZIP

12.5

NAME

STREET ADDRESS

CITY - ST - ZIP

12.6

NAME

STREET ADDRESS

CITY - ST - ZIP

12.7

NAME

STREET ADDRESS

CITY - ST - ZIP

12.8

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES VAN HUFFEL, PRESIDENT

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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

1-15-96

305-864-8127

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