

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 274098

**FILED**  
**Mar 22, 2009**  
**Secretary of State**

**Entity Name:** LYNN-MAR APARTMENTS, INC.

**Current Principal Place of Business:**

1422 HAYES STREET  
APT. 2  
HOLLYWOOD, FL 33020 US

**New Principal Place of Business:**

1422 HAYES STREET  
APT. 14  
HOLLYWOOD, FL 33020 US

**Current Mailing Address:**

1422 HAYES STREET  
APT. 2  
HOLLYWOOD, FL 33020 US

**New Mailing Address:**

1422 HAYES STREET  
APT. 14  
HOLLYWOOD, FL 33020 US

**FEI Number:** 59-1023868

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROCHA, MARY  
1422 HAYES STREET  
APT. 15  
HOLLYWOOD, FL 33020 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HINZ, JEFF  
Address: 1422 HAYES ST #14  
City-St-Zip: HOLLYWOOD, FL 33020

Title: DS ( ) Delete  
Name: DESTASIO, FERN  
Address: 1422 HAYES ST. APT.12  
City-St-Zip: HOLLYWOOD, FL 33020

Title: T ( ) Delete  
Name: SANDERS, PATRICIA  
Address: 1422 HAYES STREET APT. 13  
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP ( ) Delete  
Name: ROCHE, MARY  
Address: 1422 HAYES STREET APT. 15  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete  
Name: CURLY, PEGGY  
Address: 1422 HAYES STREET APT. 16  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete  
Name: ALESSI, ALIENE  
Address: 1422 HAYES STREET APT. 5  
City-St-Zip: HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DS (X) Change ( ) Addition  
Name: KALOS, VIRGINIA  
Address: 1422 HAYES ST. APT. 8  
City-St-Zip: HOLLYWOOD, FL 33020

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 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: PATRICIA SANDERS

T

03/22/2009

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

\_\_\_\_\_  
Date