

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 316138 (7)

1. Corporation Name

SEMINOLE GARDENS APARTMENT NO 15-D, INC.



Principal Place of Business

8330 112TH ST. N.
SEMINOLE FL 34642

Mailing Address

8330 112TH ST. N.
SEMINOLE FL 34642

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

CASTLES, ROBERT G.
8330 112TH ST N
SEMINOLE FL 34642

3. Date Incorporated or Qualified
04/24/1967

3a. Date of Last Report
04/14/1995

4. FET Number
59-1207017

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE

Signature of the person making the change (see instructions)

DATE of SIGNATURE (see instructions)

DATE of CHANGE (see instructions)

12. OFFICERS AND DIRECTORS

TITLE	ATAS	☐ DELETE
NAME	BITLER, BEHU	
STREET ADDRESS	8330 112TH ST N	
CITY-STATE-ZIP	SEMINOLE FL	
TITLE	V	☐ DELETE
NAME	CORBEN, EVELYN	
STREET ADDRESS	8330 112TH ST. NORTH	
CITY-STATE-ZIP	SEMINOLE FL	
TITLE	V	☒ DELETE
NAME	PUE, WALTER	
STREET ADDRESS	8330 112TH ST. NORTH	
CITY-STATE-ZIP	SEMINOLE FL	
TITLE	ST	☐ DELETE
NAME	KANSCHAT, ELFRIEDA	
STREET ADDRESS	8330 112TH ST. NORTH	
CITY-STATE-ZIP	SEMINOLE FL	
TITLE	P	☒ DELETE
NAME	KAPCZINSKI, SUE	
STREET ADDRESS	8330 112TH ST. NORTH	
CITY-STATE-ZIP	SEMINOLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	Bettie Bitler
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	amy Hankin
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☒ Change ☐ Addition
52 NAME	nelson Bitler
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct and does not qualify for the exemption stated in Section 119.02(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 registered business and was required to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96

(913) 393-7502

CR2E034 (12/95)