## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

320041

Seminole Gardens apartment no. 16-d., inc

Principal Place of Business Mailing Address					
8330 112TH ST. N. SEMINOLE FL 33772 US		8330 112TH ST. N. SEMINOLE FL 34642			
				3. Date Incorp 08/16/19	
Principal Place of Business Section   Principal Place of Business		2a. Mailing Address		4. FEI Number	
		26		59-120	
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of	
City & State		City & State		6. Election Car	
23		28		Trust Fund (	
Zip	Country	Ζιρ	Country	8. This corpora	

FILED Mar 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE orated or Qualified 67 Applied For 7016 Not Applicable **\$8.75** Additional of Status Desired Fee Required \$5.00 May Be mpaign Financing Contribution Added to Fees ation owes or has paid the current year Intangible 33772 25 30 Personal Property Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent я1 Name Castles, Robert G 8330 112 TH ST NORTH 82 Street Address (P.O. Box Number is Not Acceptable) **SEMINOLE FL 33722** 83 Zip Cod€ 84 City 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change HALKER, PETER 1.2 NAME NAME 8330 112TH ST N 1.3 STREET ADDRESS STREET ADDRESS SEMINOLE, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 21 TITLE CHRISTENSEN, RUTH 2.2 NAME NAME 8330 112TH ST N 2.3 STREET ADDRESS STREET ADDRESS SEMINOLE, FL 00000 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE JOHNSON, FRANCES NAME 3.2 NAME 8330 112TH ST N 3.3 STREET ADDRESS STREET ADDRESS SEMINOLE, FL 00000 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE KRAIKER, RUTH NAME 4.2 NAME 8330 112TH ST N STREET ADDRESS 4.3 STREET ADDRESS SEMINOLE, FL 00000 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE TUNE, ROBERT NAME 5.2 NAME 8330 112TH ST N 5.3 STREET ADDRESS STREET ADDRESS SEMINOLE, FL 00000 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY - ST - ZIP

Geter Halke

3/10/98

P13/393-7561

(10/97