

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90238 001 *1,350.00

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1. Entity Name
6823 CORPORATION

Manors

Principal Place of Business
6823 N OCEAN BLVD
OCEAN RIDGE, FL 33435

Mailing Address
6823 N OCEAN BLVD
OCEAN RIDGE, FL 33435

00410074



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-1320328

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARR, MARY LOU
6849 N OCEAN BLVD
OCEAN RIDGE, FL 33435

Name *HARRISON, CAROL GENERAL MANAGER*
Street Address (P.O. Box Number is Not Acceptable)
OCEAN RIDGE MANAGEMENT, INC.
6849 N. OCEAN BLVD.
City *OCEAN RIDGE* FL Zip Code *33435*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carol Harrison* *CAROL HARRISON GENERAL MANAGER 4-23-04*
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *SAT* ☒ Delete
NAME FARR, MARY LOU
STREET ADDRESS 6849 N. OCEAN BLVD.
CITY-ST-ZIP OCEAN RIDGE, FL 00000,

TITLE *PD* ☒ Delete
NAME TOD, DAVID *(DO NOT DELETE!)*
STREET ADDRESS 6849 N OCEAN BLVD
CITY-ST-ZIP OCEAN RIDGE, FL 33435

TITLE *DT* ☒ Delete
NAME PERKINS, JOHN
STREET ADDRESS 6849 N OCEAN BLVD
CITY-ST-ZIP OCEAN RIDGE, FL 33435

TITLE *D* ☒ Delete
NAME CUTTING, BETTY
STREET ADDRESS 6849 N OCEAN BLVD
CITY-ST-ZIP OCEAN RIDGE, FL 33435

TITLE *D* ☐ Delete
NAME AHLEFELDT, LOUISE
STREET ADDRESS 6849 N. OCEAN BLVD
CITY-ST-ZIP OCEAN RIDGE, FL 33435

TITLE *D* ☐ Delete
NAME OLD, JONATHAN
STREET ADDRESS 6849 N OCEAN BLVD
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE *SECRETARY* ☐ Change ☒ Addition
NAME ANDRAS, JOAN
STREET ADDRESS 6849 N. OCEAN BLVD.
CITY-ST-ZIP OCEAN RIDGE, FL 32435

TITLE *TREASURER/DIRECTOR* ☐ Change ☒ Addition
NAME VALENTINE, HENRY
CITY-ST-ZIP (SAME ADDRESS AS ALL)

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *DIRECTOR* ☐ Change ☐ Addition
NAME CUTTING, JOHN (MRS.)
STREET ADDRESS (SAME ADDRESS AS ALL)
CITY-ST-ZIP

TITLE *VICE PRESIDENT & DIRECTOR* ☐ Change ☐ Addition
NAME AHLEFELDT, LOUISA
STREET ADDRESS (SAME ADDRESS AS ALL)
CITY-ST-ZIP

TITLE *DIRECTOR* ☐ Change ☐ Addition
NAME OLD, JONATHAN
STREET ADDRESS 6849 N. OCEAN BLVD.
CITY-ST-ZIP OCEAN RIDGE FL 33435

12. I hereby 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joan Andras* *JOAN ANDRAS 4-23-04 561-737-6770*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY Date Daytime Phone #
OCEAN RIDGE MANAGEMENT, INC.