

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
CORPORATION AND ORGANIZATION

APPROVED
AND
FILED

MAY 11 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 401174 (8)

1. Corporate Name

LEE PARK APARTMENTS, INC.

Principal Place of Business

6110 S.W. 68TH STREET
P.O. BOX 431328
SOUTH MIAMI FL 33143

Mailing Address

6110 S.W. 68TH STREET
P.O. BOX 431328
SOUTH MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/15/1972	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1545734	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 5 - 10a Use Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt # etc	26. State Apt # etc
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

ITTER, JOHN
5401 COLLINS AVE #100
MIAMI BCH FL 33140

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

11. Pursuant to the provisions of Sections 607.0501 and 607.1508 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent 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 607.0501, Florida Statutes.

SIGNATURE

Signature of Registered Agent or New Registered Agent

Signature of Registered Agent or New Registered Agent

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	BELLINGER, LOUISE	1. NAME	
STREET ADDRESS	6141 SW 69 STREET	1.1 STREET ADDRESS	
CITY & STATE	S MIAMI, FL 00000	1.2 CITY & STATE	
TITLE	T	TITLE	☐ Change ☐ Addition
NAME	MCFATTEN, JULIA	2. NAME	
STREET ADDRESS	6123 SW 69 STREET	2.1 STREET ADDRESS	
CITY & STATE	S MIAMI, FL 00000	2.2 CITY & STATE	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	MCCRAY, LOU ETTA	3. NAME	
STREET ADDRESS	6108 SW 68 STREET	3.1 STREET ADDRESS	
CITY & STATE	S MIAMI, FL 00000	3.2 CITY & STATE	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	JORDAN, MARY	4. NAME	
STREET ADDRESS	5965 SW 69 STREET	4.1 STREET ADDRESS	
CITY & STATE	S MIAMI FL	4.2 CITY & STATE	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	DAVIS, MARY	5. NAME	
STREET ADDRESS	6139 SW 69 STREET	5.1 STREET ADDRESS	
CITY & STATE	S MIAMI FL	5.2 CITY & STATE	
TITLE		TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		6.1 STREET ADDRESS	
CITY & STATE		6.2 CITY & STATE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 149.02(3)(b), Florida Statutes. I further certify that the information included 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 192, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Lou Etta McCray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-595

President