

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90144 043 \*\*\*158.75

DOCUMENT # 401174

1. Corporation 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

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

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

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. 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)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME  
BELLINGER, LOUISE  
STREET ADDRESS  
6141 SW 69 STREET  
CITY-ST-ZIP  
S MIAMI, FL 00000

P ☐ DELETE

NAME  
MCFATTEN, JULIA  
STREET ADDRESS  
6123 SW 69 STREET  
CITY-ST-ZIP  
S MIAMI, FL 00000

S ☐ DELETE

NAME  
FARRINGTON-CHANCE, NIA  
STREET ADDRESS  
6109 SW 69 ST.  
CITY-ST-ZIP  
S MIAMI, FL 00000

P ☐ DELETE

NAME  
GODBOLT, JERRY  
STREET ADDRESS  
5956 SW 68TH ST.  
CITY-ST-ZIP  
S MIAMI FL

P ☐ DELETE

NAME  
VOCLERS. TERRO  
STREET ADDRESS  
6100 SW 68 ST  
CITY-ST-ZIP  
MIAMI FL 33143

O ☐ DELETE

NAME  
JORDAN, MARY  
STREET ADDRESS  
5965 W 69 STREET  
CITY-ST-ZIP  
MIAMI FL 33143

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE MEMBER ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE MEMBER ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
(LOU ET TA MCCRAY-MEMBER)

4.1 TITLE PRESIDENT ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE SECRETARY ☒ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
CORRECTION- VICKERS, TERRI

6.1 TITLE TREASURER ☒ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*Terri Vickers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRI VICKERS

Date

Daytime Phone #

CR2E034 (11/98)