
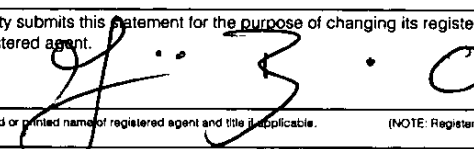
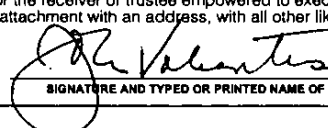


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90087 015 ****61.25

DOCUMENT # 702192 1. Entity Name NASSAU SQUARE APARTMENTS INC					
Principal Place of Business PO BOX 2319 PALM BEACH, FL 33480			Mailing Address PO BOX 2319 PALM BEACH, FL 33480		
2. Principal Place of Business - No P.O. Box # 381 SOUTH LAKE DRIVE		3. Mailing Address Suite, Apt. #, etc.			
City & State PALM BEACH, FL		City & State		4. FEI Number 59-0815421	
Zip 33480		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPEER, W. MORGAN 1800 AUSTRALIAN AVENUE SOUTH 100 WEST PALM BEACH, FL 33409				7. Name and Address of New Registered Agent Name EVANS, LESLIE ROBERT & ASSOC. P.A. Street Address (P.O. Box Number is Not Acceptable) 214 BRAZILIAN AVENUE, SUITE 200 City PALM BEACH FL 33480	
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 40%; text-align: center;"> for the firm </div> <div style="width: 20%; text-align: right;"> 4/2/07 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, EDGAR 381 S LAKE DR PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete	TITLE P, D NAME STREET ADDRESS CITY-ST-ZIP	VAKOUTIS, JOHN 381 SOUTH LAKE DRIVE, #14 PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRIZZALL, ALBERT 381 S LAKE DR PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete	TITLE VP, D NAME STREET ADDRESS CITY-ST-ZIP	MILLER, EDGAR 381 SOUTH LAKE DRIVE, #16 PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, D PRICE, HENRY 381 S LAKE DR PALM BEACH, FL 33480	<input type="checkbox"/> Delete	TITLE T, D NAME STREET ADDRESS CITY-ST-ZIP	TENHAVE, ROBERT 381 SOUTH LAKE DRIVE, #17 PALM BEACH, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINKERHOFF, WILLIAM 381 S LAKE DR #1 PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	FRIZZEL, ALBERT 381 SOUTH LAKE DRIVE, #11 PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAKOUTIS, JOHN 381 S LAKE DR PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: 			John VAGOUTIS		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3-29-07 Daytime Phone # 832-6515		

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