


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90149 036 \*\*\*\*61.25

<b>DOCUMENT # 705994</b> 1. Entity Name <b>EL RANCHO APTS., INC.</b>					
Principal Place of Business <b>450 LAYNE BLVD HALLANDALE, FL 33009</b>				Mailing Address <b>450 LAYNE BLVD HALLANDALE, FL 33009</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
8. Name and Address of Current Registered Agent  <b>POLIAKOFF, GARY A J.D. BECKER &amp; POLIAKOFF, P.A. 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
9. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WILD, HERBERT 15 GREEN ST #7 IPSWICH, MA 01938</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV ROLAND, ELMA 220 SW THIRD AVENUE HALLANDALE, FL 33009</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV FINKEL, JOHNATHAN 450 LAYNE BLVD HALLANDALE, FL 33009</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV GLASS, HABOLD 458 CHINNEY ROCK RD HARRODSBURG, KY 40330</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV BOURQUE, MARIETTE 150 BEELIOZ #145 VERDUN, QUEBEC, CA H3E-13</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD WILD, CHARLOTTE 15 GREEN ST # 7 IPSWICH, MA 01938</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV ROLAND, ELMA P18 HOLLYWOOD BLVD HOLLYWOOD, FL 33019</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV CUESTA, MAEL 400 SWEET BAY DR. LONGWOOD, FL 32779</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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 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.					
<b>SIGNATURE: <u>Charlotte Wild, STD</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3-05-05 954-458-9208</b> <small>Date Daytime Phone #</small>			