## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 26, 2006 8:00 am Secretary of State

04-26-2006 90228 018 \*\*\*\*61.25

DOCUMENT # 706746  1. Entity Name DREW GARDEN APARTMENTS, INC.								
Principal Place of Business  JACK WITECK & ASSOC  2189 LOGAN ST  CLEARWATER, FL 33765		Mailing Address  JACK WITECK & ASSOC  2189 LOGAN ST  CLEARWATER, FL 33765				500166		
2. Principal Pl	ace of Business	3. Mailing Address 2378 Hay 9	. 19					
1345 DREW ST Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242006 (	04242006 Chg-NP CR2E037 (11/05)			
	GRWATER FL	City & State	FL	4. FEI Number 59-22964	02		Applied For Not Applicable	
Zip 337		74691	Country	5. Certificate of		Fee Rec	Additional juired	
	6. Name and Address of Current F	Registered Agent	Nome	7. Name and Ac	idress of New Re	gistored Agent		
RANCOURT, HENRY 1345 DREW ST #14 CLEARWATER, FL 33755				Name Street Address (P.O. Box Number is Not Acceptable)				
			City	-		rl	Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing it	s registered office or re	egistered agent, or both,	in the State of Flor	ida. I am familiar v	with, and accept	
SIGNATURE .					••			
1	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered Agent signature	e required when reinstating)		DATE		
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2006	9. Election Ca	TE: Registered Agent signeture Impaign Financing Contribution,	\$5.00 May Be		DATE ike check payat da Department d		
10.	Filing Fee is \$61.25	9. Election Ca Trust Fund	mpaign Financing	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Florid IGES TO OFFICER	ike check payat da Department d	of State	
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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:

Huny Rancourt He SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727- 978-2363 Daytime Phone #