

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # 706746

1. Entity Name
DREW GARDEN APARTMENTS, INC.



Principal Place of Business
1345 DREW ST
CLEARWATER, FL 33755

Mailing Address
2328 HWY 19
HOLIDAY, FL 34691

DO NOT WRITE IN THIS SPACE



04042008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2296402

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

RANCOURT, HENRY
1345 DREW ST #14
CLEARWATER, FL 33755

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IN THIS SPACE**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAPUTO, LOUISE
STREET ADDRESS	1345 DREW ST 5
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	SD
NAME	BLAIS, EMILE
STREET ADDRESS	1345 DREW ST. #10
CITY-ST-ZIP	CLEARWATER, FL 337555115
TITLE	D
NAME	PERIE, ALLEN
STREET ADDRESS	1345 DREW ST 19
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	PD
NAME	RANCOURT, HENRY
STREET ADDRESS	1345 DREW ST # 14
CITY-ST-ZIP	CLEARWATER, FL 337555115
TITLE	VPD
NAME	CARTER, BONITA
STREET ADDRESS	1345 DREW ST #2
CITY-ST-ZIP	CLEARWATER, FL 337555115
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000886142
04/18/08-80043-024 61.25

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____