FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **707909** **(8)**

1. Corporation Name

DREW GARDEN APARTMENTS UNIT II INC

Principal Place of Business	Mailing Address
4175 EAST BAY DR., SUITE 205 %COMMUNITY MANAGEMENT CONCEPTS CLEARWATER FL 34624	4175 EAST BAY DR., SUITE 205 %COMMUNITY MANAGEMENT CONCEPTS CLEARWATER FL 34624

3. Date Incorporated or Qualified: **10/02/1964**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **59-1578615** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NOVELLO, ERIKA
1329 DREW STREET, #2
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
800001824188
83 -05/16/96--01028--034
84 City ***61.25 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☐ Change ☐ Addition
NAME	NOVELLO, ERIKA		1.2 NAME	Novello, Erika	
STREET ADDRESS	1329 DREW ST		1.3 STREET ADDRESS	1329 Drew St #1	
CITY-ST-ZIP	CLEARWATER FL 34615		1.4 CITY-ST-ZIP	Clearwater, FL 34615	
TITLE	VP	☐ DELETE	2.1 TITLE	VP/D	☐ Change ☐ Addition
NAME	CORINA, FRANK		2.2 NAME	Frank, Corina	
STREET ADDRESS	1329 DREW ST		2.3 STREET ADDRESS	1329 Drew St	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	Clearwater, FL	
TITLE	T	☐ DELETE	3.1 TITLE	T/D	☐ Change ☐ Addition
NAME	BITTAKER, TOM		3.2 NAME	Bittaker, Tom	
STREET ADDRESS	1329 DREW ST.		3.3 STREET ADDRESS	1329 Drew St.	
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	Clearwater, FL	
TITLE	SD	☑ DELETE	4.1 TITLE	S/D	☐ Change ☑ Addition
NAME	ZIESLER, GERTRUDE		4.2 NAME	Caser, Sue	
STREET ADDRESS	1329 DREW ST		4.3 STREET ADDRESS	1329 Drew St. #13	
CITY-ST-ZIP	CLEARWATER FL 34615		4.4 CITY-ST-ZIP	Clearwater, FL	
TITLE	D	☑ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	BRYAN, EILEENE		5.2 NAME	Kazimiera Bielczyk	
STREET ADDRESS	216 DART AVENUE		5.3 STREET ADDRESS	1329 Drew St. #5	
CITY-ST-ZIP	LARGO FL		5.4 CITY-ST-ZIP	Clearwater, FL	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

5-15-96 OR

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Erika Novello 3/12/96 813-447-8277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #