FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT** #

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

2

24

Zip

(8)

DREW GARDEN APARTMENTS UNIT II INC

1175	EAST	BAY	DR.,	SUITE	205	
KCO	MMUN	ITY M	ANA	GEMEN	T CONCEPT:	S
Y CA	DWAT	ED FI	946	24		

25

Mailing Address

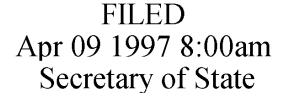
Mailing Address

Suite, Apt. #, etc

City & State

26

4175 EAST BAY DR., SUITE 205 %COMMUNITY MANAGEMENT CONCEPTS CLEARWATER FL 34624-6977





Yes No

8. This corporation has liability for intangible tax under s. 199.032,

3. Date Incorporated or Qualified 10/02/1964

59-1578615

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

4. FEI Number

3s. Date of Last Report 05/15/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent									
•			81	Name									
NOVELLO, ERIKA 1329 DREW STREET, #2				Street	el Address (P.O. Box Number is Not Acceptable)								
CLEARWATER FL 34615					,		1						
				City			85 Zip (Code					
			84	City	1 1	FL	Pa Zib (2006					
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 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
		ble. (NO1E: Re	gislered Age	nt signaturo	a required when reinstating) ADDITIONS/CHANGES TO OFFI	DATE OF DO AND	DIDECTOR						
12.	OFFICERS AND DIRECTORS	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFI	CERS AND	Change	Addition					
1	NOVELLO EOIKA	ניי) מנינונ					Change	L Addition					
NAME OTDECT ADDRESS	NOVELLO, ERIKA 1329 DREW ST #1		1.2 NAME	10,000,000	Same.								
STREET ADDRESS	CLEARWATER FL 34615		1.3 STREET		Same			1					
CITY-ST-ZIP TITLE	VPD	DELETE	1.4 CITY - S 2.1 TITLE	1 - ZIP			Change	Addition					
NAME	CORINA, FRANK	occele	2.2 NAME		UPID George Dovello 1329 Drew St Hi Chearwater, FL		□ Onange	C ABOUISH					
STREET ADDRESS	1329 DREW ST		23 STREET	ADDDECC	GERGE CONFICTOR	7							
	CLEARWATER FL 34615				Change of the Street	244	10						
CITY-ST-ZIP TITLE	TD	DELETE	2.4 C/TY - S 3.1 TITLE	51 - ZH'	GEALWATEL, FC	22.10	Change	Addition					
NAME	BITTAKER, TOM	otte	3.2 NAME			!	Onlingo						
STREET ADDRESS	1329 DREW ST.		3.3 STREET	ADDDECD	Same								
	CLEARWATER FL 34615				15040.								
CITY-ST-ZIP TITLE	SD SD	DELETE	3.4. CITY - S 4.1 TITLE	st - ZIP	€ 1±		Change	Addition					
NAME	CASER, SUE		4. 2 NAME		By Don For the	1	Onlango	L.J (dointon)					
STREET ADDRESS	1329 DREW ST #13	,	4.3 STREET	*DODE CC	RALPH Frank 1329 Drews			Ī					
CITY-ST-ZIP	CLEARWATER FL 34615		4.4 CITY-S		Clearwater FC	. 36	16015						
TITLE	D	DELETE	5.1 TITLE	1-211	Zen water, 10.		Change	Addition					
NAME	BIELCZYK, KAZIMIERA		5.2 NAME		DIAND MCCARN	•							
STREET ADDRESS	1329 DREW ST #5		5.3 STREET	ADDRESS	1329 Drew SST.	24							
CITY-ST-ZIP	CLEARWATER FL 34615		5.4 CITY-S		Clearwater FU	340	C						
TITLE	- Comment of the Comm	DELETE	6.1 THLE	· <u></u>	Clear and the control of the control		Change	Addition					
NAME			6.2 NAME				•	,					
STREET ADDRESS		ŀ	6.3 STREET	ADDRESS									
CITY-ST-ZIP		1	6.4 CITY-S	1-2IP				Ī					
14. I do 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 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.													
	- Photolyxing	MALL CYTCH	KJ F	Ч.,	21- 1	773							

Country