**FILE NOW: FILING FEE IS $61.25**

NONPROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Apr 12, 1999 8:00 am**
**Secretary of State**
04-12-1999 90010 012 ****61.25

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# DOCUMENT # 707909

1. Corporation Name

DREW GARDEN APARTMENTS UNIT II INC

| Principal Place of Business | Mailing Address |
|---|---|
| 4175 EAST BAY DR., SUITE 205<br>%COMMUNITY MANAGEMENT CONCEPTS<br>CLEARWATER FL 33764<br>US | 4175 EAST BAY DR., SUITE 205<br>%COMMUNITY MANAGEMENT CONCEPTS<br>CLEARWATER FL 33764<br>US |

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualifed |
|---|---|---|
| 21 | 26 | 10/02/1964 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number: 59-1578615 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

MALSKI, JOSEPH
1329 DREW ST
APT 9
CLEARWATER FL 34615

**10. Name and Address of New Registered Agent**

81 Name: Thomas Bittaker
82 Street Address (P.O. Box Number is Not Acceptable): 1329 Drew St #7
83
84 City: Clearwater **FL** 85 Zip Code: 34615

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: x Thomas J Bittaker Tom Bittaker 3.24.99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>MALSKI, JOSEPH<br>1329 DREW ST #9<br>CLEARWATER FL 34615 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | P<br>Tom Bittaker<br>1329 Drew St #7<br>Clearwater, FL 34615 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>BITTAKER, TOM<br>1329 DREW ST #7<br>CLEARWATER FL 34615 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | S/D<br>Kazimiera Bielczyk<br>1329 Drew St. #5<br>Clearwater, FL 34615 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>BIELCZYK, KAZIMIERA<br>1329 DREW ST, #5<br>CLEARWATER FL 34615 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | TD<br>Ted Barnes<br>1329 Drew St #1<br>Clearwater, FL 34615 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BARNES, TED<br>2957 N MONITOR AVE<br>CHICAGO IL 60634 | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MCCARNEY, DIANN<br>1329 DREW ST<br>CLEARWATER FL | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

14. 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 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, with all other like empowered.

**SIGNATURE:** x Thomas J Bittaker SIGNATURE Bittaker 3/24/99 441-2565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)