

DOCUMENT # 707909

1. Entity Name

DREW GARDEN APARTMENTS UNIT II INC

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90346 028 ****61.25

Principal Place of Business Mailing Address

4175 EAST BAY DR., SUITE 205 4175 EAST BAY DR., SUITE 205
 %COMMUNITY MANAGEMENT CONCEPTS %COMMUNITY MANAGEMENT CONCEPTS
 CLEARWATER FL 33764 CLEARWATER FL 33764
 US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1578615

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BITTAKER, THOMAS
 1329 DREW ST
 CLEARWATER FL 34615

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
P	BITTAKER, TOM	1329 DREW ST #7	CLEARWATER FL 34615	☐
VPD	BIELCZYK, KAZIMIERA	1329 DREW ST, #5	CLEARWATER FL 34615	☐
SD	ROSS, PAULA	1329 DREW ST #12	CLEARWATER FL 34615	☐
D	KOT, MIECZYSLAW	1329 DREW ST #14	CLEARWATER FL	☐
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Change	☐ Addition
P	JOZEF ZACKIEWICZ	1329 Drew St #6	CLEARWATER, FL 33755	☒	☐
VP	ALEXANDRIA TATARCZUCH	1329 Drew St #8	CLEARWATER, FL 33755	☒	☐
I	PAULA ROSS	1329 Drew St	CLEARWATER, FL 33755	☒	☐
S	TOM BITTAKER	1329 Drew St #7	CLEARWATER, FL 33755	☒	☐
				☐	☐
				☐	☐

12. 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 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 #

CR2E037 (9/01)