2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90122 018 ****61.25

DOCUMENT # 707909

1. Entity Name
DREW GARDEN APARTMENTS UNIT II INC

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

02162004 Chg-NP CR2E037 (10/03)

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. 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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BITTAKER, TOM 1329 DREW ST #7 CLEARWATER, FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ZACKIEWICZ, YANINA 1329 DREW ST #6 CLEARWATER, FL 33755	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ROSS, PAULA 1329 DREW ST #12 CLEARWATER, FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STACHURA, BARBARA 1329 DREW ST #2 CLEARWATER, FL 33755	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TATARCZVCH, ALEKSANDRA 1329 DREW ST #8 CLEARWATER, FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Thomas H Bittaker Thomas Bittaker 3-30-04 727 441-2565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #