## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## **DOCUMENT # 707909**

1. Entity Name



**FILED** 

Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90385 029 \*\*\*\*61.25 DREW GARDEN APARTMENTS UNIT II INC Mailing Address Principal Place of Business 4175 EAST BAY DR., SUITE 205 %COMMUNITY MANAGEMENT CONCEPTS CLEARWATER FL 33764 4175 EAST BAY DR., SUITE 205 %COMMUNITY MANAGEMENT CONCEPTS CLEARWATER FL 33764 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-1578615 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COMMUNITY MANAGEMENT CONCEPTS Street Address (P.O. Box Number is Not Acceptable) 4175 EAST BAY DR, # 205 **CLEARWATER FL 33764** City 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 DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete BARNAS, TAD NAME NAMÉ i3ryan, Eileen 1329 DREW ST STREET ADDRESS STREET ADDRESS 1329 Drew 5t. +16 CLEARWATER FL 33755 CITY-ST-ZIP CITY-ST-ZIP learwater, FL 33755 Delete TITLE **VPTD** TITI F SD ☐ Change Addition Burke Marie 1329 Drew St. #6 BRYAN, EILEEN NAME NAME 1329 DREW ST STREET ADDRESS STREET ADDRESS CLEARWATER FL 33755 CITY-ST-ZIP CITY-ST-ZIP clearwater, FL 33155 lsn ☐ Delete TITLE ☐ Change Addition TATARCZVCH, ALEKSANDRA Tatarczuch Alexsandra 1329 Drew St. 18 NAME NAME 1329 DREW ST #8 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33755** CITY-ST-ZIP CITY - ST- ZIP Clearwater, Fl Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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:

eB 21, 2006

Daytime Phone #