2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State
04-16-2007 90056 006 ****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

04112007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
147 N. Belcher Rd	147 N. Belcher Rd
Suite, Apt. #, etc. #2	Suite, Apt. #, etc. Suite 2
City & State Largo, FL	City & State Largo, FL
Zip 33771 Country USA	Zip 33771 Country USA

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

COMMUNITY MANAGEMENT CONCEPTS
4175 EAST BAY DR, # 205
CLEARWATER, FL 33764

7. Name and Address of New Registered Agent

Name Buxton Properties
Street Address (P.O. Box Number is Not Acceptable) 147 N. Belcher Rd
Suite 2
City Largo FL Zip Code 33771

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 Edward Cook LCAM 4/12/2007
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, 2007

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 EILEEN, BRYAN 1329 DREW ST 16 CLEARWATER, FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTD BRYAN, EILEEN 1329 DREW ST CLEARWATER, FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TATARCZVCH, ALEKSANDRA 1329 DREW ST #8 CLEARWATER, FL 33755	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BURKE, MARIE 1327 DREW ST 16 CLEARWATER, FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TATARCZUCH, ALEKSANDRA 1329 DREW 8 CLEARWATER, FL 33755	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 exemptions contained in Chapter 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: Edward Cook, LCAM 04/11/2007 727-538-0034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #