2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 06, 2009
Secretary of State

DOCUMENT# 707909

Entity Name: DREW GARDEN APARTMENTS UNIT II INC

Current Principal Place of Business:

147 N. BECHLER RD
SUITE #2
LARGO, FL 33771 US

New Principal Place of Business:

1301 SEMINOLE BLVD,
SUITE #110
LARGO, FL 33770 US

Current Mailing Address:

147 N. BECHLER RD
SUITE #2
LARGO, FL 33771 US

New Mailing Address:

1301 SEMINOLE BLVD,
SUITE #110
LARGO, FL 33770 US

FEI Number: 59-1578615 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUXTON PROPERTIES
147 N. BECHLER RD
SUITE 2
LARGO, FL 33771 US

Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD,
SUITE 110
LARGO, FL 33770 US

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: MELISSA WADE 08/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: EILEEN, BRYAN
Address: 1329 DREW ST #16
City-St-Zip: CLEARWATER, FL 33755 US

Title: VPTD ( ) Delete
Name: BRYAN, EILEEN
Address: 1329 DREW ST #16
City-St-Zip: CLEARWATER, FL 33755 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: EILEEN, BRYAN
Address: 1301 SEMINOLE BLVD, SUITE110
City-St-Zip: LARGO, FL 33770 US

Title: VPTD (X) Change ( ) Addition
Name: BRYAN, EILEEN
Address: 1301 SEMINOLE BLVD, SUITE110
City-St-Zip: LARGO, FL 33770 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA WADE ADMN 08/06/2009
Electronic Signature of Signing Officer or Director Date