

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 03, 2004 8:00 am
Secretary of State

05-06-2004 90183 020 ****61.25

DOCUMENT # 708478

1. Entity Name

C'EST LA VIE APARTMENT ASSOCIATION, INC.



Principal Place of Business

1800 NORTH 16TH AVENUE
HOLLYWOOD FL 33020

Mailing Address

1800 NORTH 16TH AVENUE
HOLLYWOOD FL 33020

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

59-1110527

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

SWEM, BETTY
1800 N. 16TH AVENUE, APT. 6
HOLLYWOOD FL 33020

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

Betty Swem
Manager

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

May 4-04

FILE NOW: 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 PD
NAME DONK, GERALD ☐ Delete
STREET ADDRESS 481 FIELD ST.
CITY-ST-ZIP CLIFTON SPRINGS NY 14432

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TV
NAME MISKOVIC, OLGA ☒ Delete
STREET ADDRESS 3211 BROWNS LAKE DR
CITY-ST-ZIP BURLINGTON WI

TITLE ☐ Change ☒ Addition
NAME *MATTHEW ROSEN*
STREET ADDRESS *1800 N 16th ave*
CITY-ST-ZIP *Hollywood, FL 33020*

TITLE S
NAME BEAL, SUSAN ☐ Delete
STREET ADDRESS 113 JACKSON ST
CITY-ST-ZIP NORTH VERNON IN 47265

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME BEAL, SUSAN ☐ Delete
STREET ADDRESS 113 JACKSON ST.
CITY-ST-ZIP NORTH VERNON IN 47265

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Matthew Rosen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

66426214



MOORE

CR2E037 (11/03)