## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL-REPORT (AR)

## Mar 01, 2005 8:00 am Secretary of State **DOCUMENT # 708478** 1. Entity Name 03-01-2005 90080 014 \*\*\*\*61.25 C'EST LA VIE APARTMENT ASSOCIATION, INC. Principal Place of Business Mailing Address 1800 NORTH 16TH AVENUE HOLLYWOOD FL 33020 1800 NORTH 16TH AVENUE HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) 1st MOORE City & State 4. FEI Number Applied For City & State 59-1110527 Not Applicable Zip Country 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 SWEM, BETTY Street Address (P.O. Box Number is Not Acceptable) 1800 N. 16TH AVENUE, APT. 6 HOLLYWOOD FL 33020 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 egistered agent. SIGNATURE Z (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TATLE ☐ Delete TITLE ☐ Change Addition DONK, GERALD NAME NAME DONK, Gerald 481 FIELD ST. STREET ADDRESS STREET ADDRESS Wield Street, CHETON SPRINGS NY 14432 CLIFTON SPRINGS NY 14432 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ROSEN, MATTHEW STEVEN HOLTZ NAME 1800 N. 16th AUC # 16 1800 N 16TH AVE STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL 33020 ☑ Delete Change ☐ Addition JOANN TAYLOR BEAL, SUSAN NAME 113 JACKSON ST 105 E. JEFFERSON ST. STREET ADDRESS STREET ADDRESS NORTH VERNON IN 47265 CITY-ST-ZIP CITY-ST-ZIP CRAWFORDSVILLE, IN 47933 Delete **R** Change Addition BEAL, SUSAN JOANN TAYLOR NAME 113 JACKSON ST. 105 E. ICFFERSON ST STREET ADDRESS STREET ADDRESS NORTH VERNON IN 47265 CITY-SI-7IP CITY- ST- 7/P CRAWFORDSVILLE, In 47933 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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 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.

**FILED**