2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1309 DREW ST. "TOP BOX"

CLEARWATER FL 33755

DOCUMENT # 709808

1. Entity Name

Principal Place of Business

1309 DREW ST. "TOP BOX"

CLEARWATER FL 33755

GOLF MANOR APARTMENTS, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90230 033 ****61.25

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US		US	US		I storij kodin čerko takat kojik šerok odil plaky didil dvok didil čioli ekok didil kojik kojik kodil				
2. Principal Place of Business 3. I		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Number 59-3011684			pplied For ot Applicable	
Zip	Country	Zip	Country	5. Cert	ificate of Status De	sired 🗌	\$8.75 Ad Fee Require	ditional	
	6. Name and Address of Curren	t Registered Agent		7. Nam	e and Address of	New Registered	Agent		
	ورضوست ممهمهم المساد	ent in the state of the state o	Name	1 Table 1			~ 5 5 · .	-	
OLIVER, KENT 1309 DREW ST 3 CLEARWATER FL 33763				Street Address (P.O. Box Number is Not Acceptable)					
				City FL Zip Code					
8. The above the obliga	e named entity submits this statement futions of registered agent.	or the purpose of changing	its registered office	or registered agent,	or both, in the State	of Florida. I am	familiar with,	and accept	
-	· · · · · · · · · · · · · · · · · · ·								
SIGNATURE	Signature, typed or printed name of registered agen		HOTE D			· ·			
	signature, typed or printed name of registered agen	t and title it applicable. (f	NOTE: Registered Agent sign	nature required when reinstat	ling)	DATE		_	
\$	FILE NOW: FEE IS \$61.25		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 DI	RECTORS	11.	ADDITION	J S/CHANGES TO C	FFICERS AND D	IRECTORS IN	 I 10	
TITLE	P	Delete	TITLE				☐ Change	Addition	
NAME	MARCHIONI, XX	Γ	NAME					_	
STREET ADDRESS	1309 DREW ST APT 3		STREET ADDRESS	5				ĺ	
CITY-ST-ZIP	CLEARWATER FL 33755	- 1	CITY-ST-ZIP			T			
IITLE	D VARCUTON VV	Delete	TITLE				☐ Change	Addition	
NAME Street address	KNIGHTON, XX 1309 DREW ST., APT. 5	/'	NAME CTREET ADDRESS	.					
CITY-ST-ZIP	CLEARWATER FL 33755		STREET ADDRESS _CITY-ST-ZIP	·					
TTLE	D		TITLE	<u> </u>			Change	- Addition	
IAME	ALMSTEAD, RICHARD	L Delete	NAME				☐ Change	☐ Addition	
TREET ADDRESS	1309 DREW ST APT 4		STREET ADDRESS	3					
CITY-ST-ZIP	CLEARWATER FL 33755		CITY-ST-ZIP			•			
TLE	D	☐ Delete	TITLE				☐ Change	☐ Addition	
IAME	BENO, JOE		NAME						
STREET ADDRESS SITY-ST-ZIP	1309 DEEW ST # 6		STREET ADDRESS	i					
	CLEARWATER FL 33755		CITY-ST-ZIP						
itle Iame	l D Oliver, Kent	☐ Delete	TITLE				Change	☐ Addition	
TREET ADDRESS	1309 DREW ST. #3		NAME STREET ADDRESS	.]				ĺ	
CITY-ST-ZIP	CLEARWATER FL 33735		CITY-ST-ZIP					ļ	
ITLE		☐ Delete	TITLE	-		*****	☐ Change	Addition	
IAME			NAME				change	and reduction	
TREET ADDRESS			STREET ADDRESS						
TTV CT 7ID								I	

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:

SIGNATURE REQUIRED

CR2E037 (10/02)