

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 711271					
1. Corporation Name DREW RIDGE APTS. A. INC.					
Principal Place of Business % WANEK PROPERTY MANAGEMENT 2155 N.E. COACHMAN RD. CLEARWATER FL 33765-2616 US			Mailing Address % WANEK PROPERTY MANAGEMENT 2155 NE COACHMAN RD CLEARWATER FL 33765-2616 US		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 07/28/1966	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 23-7039603	
City & State 23		City & State 28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WANEK PROPERTY MANAGEMENT 2155 NE COACHMAN RD CLEARWATER FL 33765				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	SD ☐ Change ☒ Addition
NAME	PRETZLAFF, GUSTAV	1.2 NAME	JANICE BURKHART
STREET ADDRESS	1221 DREW ST A20	1.3 STREET ADDRESS	1221 DREW ST. # A-22
CITY-ST-ZIP	CLEARWATER, FL 00000 33755	1.4 CITY-ST-ZIP	CLEARWATER FL
TITLE	TD ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROMANO, ANTONIO	2.2 NAME	
STREET ADDRESS	1221 DREW ST A4	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	DS TD ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	SALIS, FRANK	3.2 NAME	
STREET ADDRESS	1221 DREW ST., #A-14	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gustav Pretzlaff* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUSTAV PRETZLAFF

Date

Daytime Phone #

2-23-99 727-142-7240

CR2E037-(11/98)