

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90575 050 ****61.25

DOCUMENT # 711271

1. Entity Name
DREW RIDGE APTS. A. INC.



Principal Place of Business
**C/O JULIA GALPIN REALTY INC
30347 US 19 N STE 1
CLEARWATER, FL 33761 US**

Mailing Address
**C/O JULIA GALPIN REALTY INC
30347 US 19 N STE 1
CLEARWATER, FL 33761 US**



2. Principal Place of Business
c/o Julia Galpin Realty, Inc.

3. Mailing Address
c/o Julia Galpin Realty, Inc.

Suite, Apt. #, etc.
553 South Duncan Ave

Suite, Apt. #, etc.
553 South Duncan Ave

03172005 Chg-NP CR2E037 (10/03)

City & State
Clearwater, FL

City & State
Clearwater, FL

4. FEI Number
23-7039603

Applied For
☐ Not Applicable

Zip
33756

Country
USA

Zip
33756

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JULIA GALPIN REALTY INC
30347 US 19 N
STE L
CLEARWATER, FL 33761**

we moved to:

7. Name and Address of New Registered Agent

Name **c/o Julia Galpin Realty, Inc**

Street Address (P.O. Box Number is Not Acceptable)
553 South Duncan Ave

City **Clearwater, FL** Zip Code **33756**

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 *Julia E Galpin*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

TITLE **PD** ☐ Delete
NAME **FERGUSON, BRIAN**
STREET ADDRESS **1221 DREW BLDG. A-9**
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE **TDVD** ☐ Delete
NAME **GIOVANNI, VILLANI**
STREET ADDRESS **1221 DREW ST BLDG A-7**
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE **SD** ☐ Delete
NAME **BUCKHART, JANICE**
STREET ADDRESS **1221 DREW ST BLDG A22**
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD+T** ☒ Change ☐ Addition
NAME **FERGUSON, BRIAN**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **VILLANI, GIOVANNI**
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR. 29/05 727-469-8686