

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90039 042 ****61.25

DOCUMENT # 711271 1. Entity Name DREW RIDGE APTS. A. INC.					
Principal Place of Business C/O JULIA GALPIN REALTY INC 553 SOUTH DUNCAN AVE CLEARWATER, FL 33756 US			Mailing Address C/O JULIA GALPIN REALTY INC 553 SOUTH DUNCAN AVE CLEARWATER, FL 33756 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7039603	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALPIN, JULIA E JULIA GALPIN REALTY INC 553 SOUTH DUNCAN AVE CLEARWATER, FL 33756				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <u>Julia E Galpin</u> Signature, typed or printed name of registered agent and title if applicable.				DATE <u>2/27/07</u> (NOTE: Registered Agent signature required when registering)	
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete GUSTAV, PRETZLAFF 1221 DREW BLDG A-20 CLEARWATER, FL 33755				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete MASIC, KATA 1221 DREW ST BLDG A-1 CLEARWATER, FL 33755				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT ☐ Delete HADDAD, SIDNEY 1221 DREW ST A-13 CLEARWATER, FL 33755				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ☒ Delete BRANCATI, VICTORIA 1221 DREW ST A-11 CLEARWATER, FL 33755				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ☐ Delete NORRIS, ANN 1221 DREW ST A-5 CLEARWATER, FL 33755				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Sidney Haddad</u> 2/27/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					