

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90165 020 ****61.25

DOCUMENT # 711950

1. Entity Name

DREW RIDGE APTS. B, INC.



Principal Place of Business

% WANEK PROPERTY MANAGEMENT
2155 NE COACHMAN RD
CLEARWATER FL 33765
US

Mailing Address

% WANEK PROPERTY MANAGEMENT
2155 NE COACHMAN RD
CLEARWATER FL 33765
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

23-7039604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WANEK PROPERTY MANAGEMENT
2155 NE COACHMAN RD
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 TD ☐ Delete
NAME KELLY, RONALD
STREET ADDRESS 1221 DREW ST B16
CITY-ST-ZIP CLEARWATER FL 33755

TITLE PD ☐ Delete
NAME TSAMBIS, JEAN
STREET ADDRESS 1221 DREW ST #B1
CITY-ST-ZIP CLEARWATER FL 33755

TITLE ~~SD~~ ☒ Delete
NAME ~~COWAN, WALLACE F~~
STREET ADDRESS ~~1221 DREW ST #B-5~~
CITY-ST-ZIP ~~CLEARWATER FL~~

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 S/D ☐ Change ☒ Addition
NAME GOSS, ANN MARIA
STREET ADDRESS 717 BAY ESPLANADE
CITY-ST-ZIP CLEARWATER FL 33767

TITLE VP/D ☐ Change ☒ Addition
NAME RENFROE, C.E. JR
STREET ADDRESS 1221 DREW STREET # B-12
CITY-ST-ZIP CLEARWATER FL 33755

TITLE D ☐ Change ☒ Addition
NAME LABRE, ROBERT
STREET ADDRESS 1221 DREW STREET # B-17
CITY-ST-ZIP CLEARWATER FL 33755

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 exemptions contained in Section 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: JEAN L. Tsambis JEAN TSAMBIS 2/23/06 727-461-0005