2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# 711950

Entity Name: DREW RIDGE APTS. B, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 23-7039604 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: GOSS, ANN MARIA
Address: 717 BAY ESPLANADE
City-St-Zip: CLEARWATER, FL 33755

Title: PD ( ) Delete
Name: TSAMBIS, JEAN
Address: 1221 DREW ST #B1
City-St-Zip: CLEARWATER, FL 33755

Title: VD ( ) Delete
Name: RENFROE, C.E. JR
Address: 1221 DREW ST # B-12
City-St-Zip: CLEARWATER, FL 33755

Title: TD ( ) Delete
Name: KELLY, RONALD
Address: 1221 DREW ST #B-16
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS WANEK RA 03/11/2009

Electronic Signature of Signing Officer or Director — Date