

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90040 043 ****61.25

DOCUMENT # 712293 1. Entity Name DREW RIDGE APTS. C, INC.					
Principal Place of Business C/O JULIE GALPIN REALTY, INC 553 SOUTH DUNCAN AVE CLEARWATER, FL 33756 US			Mailing Address C/O JULIE GALPIN REALTY, INC 553 SOUTH DUNCAN AVE CLEARWATER, FL 33756 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7039605	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 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 _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOTARO, CATHERINE <input checked="" type="checkbox"/> Delete 1221 DREW ST C-2 CLEARWATER, FL 33755		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMITH, DEAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1221 DREW ST C-4 CLEARWATER FL 33755	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMPAGNARO, NATALIE <input checked="" type="checkbox"/> Delete 1221 DREW ST C-B CLEARWATER, FL 33755		TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP BLANSKE, BERNIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1221 DREW ST C11 CLEARWATER FL 33755	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLANSKE, BERNIE <input checked="" type="checkbox"/> Delete 1221 DREW STREET C11 CLEARWATER, FL 33755		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS NOTARO, CATHERINE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1221 DREW ST C-2 CLEARWATER FL 33755	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPAGNARO, NATALIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1221 DREW ST C8 CLEARWATER FL 33755	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARP STELLA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1221 DREW ST C6 CLEARWATER, FL 33755	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Dean Smith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-15-08 <i>Pres</i> <small>Date Daytime Phone #</small>		