


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90251 024 ****70.00

DOCUMENT # 712771	
1. Entity Name	
SIR WILLIAM APARTMENTS, INC.	

Principal Place of Business	Mailing Address
1701 BUCHANAN ST. #404 HOLLYWOOD FL 33020 US	1701 BUCHANAN ST. #404 HOLLYWOOD FL 33020 US



2. Principal Place of Business	3. Mailing Address
1701 Buchanan St	1701 Buchanan St
Suite, Apt. #, etc. "none"	Suite, Apt. #, etc. —

1st MOORE CR2E037 (10/04)

City & State	City & State
Hollywood FL	Hollywood FL
Zip	Zip
33020	33020
Country	Country
USA	USA

4. FEI Number	59-1265688	Applied For
		Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
VERMILLION, JOHN D 1701 BUCHANAN STREET APT #704 HOLLYWOOD FL 33020	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERMILLION, JOHN D	NAME	
STREET ADDRESS	1701 BUCHANAN #704	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	CITY-ST-ZIP	
TITLE	SD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIHLEN, ROSE E	NAME	SD
STREET ADDRESS	1701 BUCHANAN ST 403	STREET ADDRESS	ROSE B. Emilian
CITY-ST-ZIP	HOLLYWOOD FL 33020	CITY-ST-ZIP	1701 Buchanan St
TITLE	TD	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RINELLA, CAROL T	NAME	TD
STREET ADDRESS	1701 BUCHANAN ST #404	STREET ADDRESS	Deborah A. Gleason
CITY-ST-ZIP	HOLLYWOOD FL 33020	CITY-ST-ZIP	1701 Buchanan St
TITLE		TITLE	Hollywood FL 33020
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Deborah A. Gleason 4/26/05 954-923-2952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #