2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 17, 2007 8:00 am Secretary of State **DOCUMENT # 712771** 1. Entity Name 04-17-2007 90057 006 ****61.25 SIR WILLIAM APARTMENTS, INC. Principal Place of Business Mailing Address 1701 BUCHANAN ST. 1701 BUCHANAN ST. HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. 1st MOORE CR2EQ37 (10/06) City & State City & State 4. FEI Number Applied For 59-1265688 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VERMILLION MHOL VERMILLION, JOHN D Street Address (P.O. Box Number is Not Acceptable) 1701 BUCHANAN STREET APT(#704) HOLLYWOOD FL 33020 1701 4 OU RNCHADAD 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 hame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1,-2007 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete шп ☐ Change Addition NAMI VERMILLION, JOHN D NAM STREET ADDRESS STREET ADORESS 1701 BUCHANAN #704 CHY-SI-7/P CITY ST ZIP HOLLYWOOD FL 33020 Delete Addition ☐ Change ППГ SECRETARY SD. ШU GLADSON, DEBORAH DANIEL PETRUK 1701 BUCHANAN ST HOLLYSOOD-FL-33022 TREASURER NAME NAMI STREET ADDRESS 1701 BUCHANAN ST STREET ADDRESS CHY SLZIP CHY ST 702 HOLLYWOOD FL 33020 Delete ☐ Change (1) LE TD HILE Addition NAME NAME GLEASON, DEBORAH ROSE EMILIEN (GALANT) STREET ADDRESS STREET ADORESS 1701 BUCHANAN ST 1701 BUCHANAN ST CHY-SI-ZIP CHY ST ZIP HOLLYWOOD FL 33020 HOLLYWSOD FL ☐ Change Addition TITLE ☐ Delete TITLE NAME NAMI STREET ADDRESS STREET ADDRESS CITY \$1-7IP CITY ST 7IP Ш Delete нн Change ■ Addition MARK NAMI STRUCT ADDRESS STREET ADDRESS CHY-ST-7/P CITY ST ZIP ☐ Change ☐ Delete Addition STREET ADDRESS STREET ADDRESS

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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 offect 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.

CITY-ST ZIP

SIGNATURE:)

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