

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90163 003 ****61.25

DOCUMENT # 712848 1. Entity Name DREW RIDGE APTS. E. INC.					
Principal Place of Business C/O JULIA GALPIN REALTY, INC. 553 SOUTH DUNCAN AVE CLEARWATER, FL 33756 US				Mailing Address C/O JULIA 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			
Zip	Country	Zip	Country	4. FEI Number 23-7039607	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JULIA E GALPIN 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Julia E Galpin</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2/27/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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	PD BAUMGARDNER, WILLIAM 1221 DREW ST E-6 CLEARWATER, FL 33755	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TRES. PAUL AITTAMA 1221 DREW ST E-13 CLEARWATER, FL 33755	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBINSON, CAROL 1221 DREW ST, E-2 CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR COSIMO RACCO 1221 DREW ST E-11 CLEARWATER, FL 33755	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BULA, RICHARD 1221 DREW ST E-4 CLEARWATER, FL 33755	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PATRICK DICKSON 1221 DREW ST E-1 CLEARWATER, FL 33755	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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 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 the empowered.					
SIGNATURE: <u><i>William Baumgardner</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>3/8/07</u> <small>Daytime Phone #</small>	

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