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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713950

1. Corporation Name

SHULL MANOR APARTMENTS, INC.

Principal Place of Business

713 E UNIVERSITY BLVD
MELBOURNE FL 32901
US

Mailing Address

713 E UNIVERSITY BLVD
MELBOURNE FL 32901
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/16/1968

4. FEI Number

59-1233233

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WELLS, W.O.
213 STONE ST.
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPC ☐ DELETE

NAME SHAW, AMIE
STREET ADDRESS 200 S. BANANA RIVER BLVD
CITY-ST-ZIP COCOA BCH. FL

TITLE S ☐ DELETE

NAME DEMPSEY, MARY
STREET ADDRESS 843 ALVONDALE
CITY-ST-ZIP ROCKLEDGE FL

TITLE T ☐ DELETE

NAME HOOKS, NATHANIEL S
STREET ADDRESS 723 CARISSA AVE
CITY-ST-ZIP COCOA FL 32922

TITLE PC ☐ DELETE

NAME WELLS, W. O.
STREET ADDRESS 213 STONE STREET
CITY-ST-ZIP COCOA FL

TITLE T ☐ DELETE

NAME FORD, MATTHEW
STREET ADDRESS 709 HUGHLETTE AVE.
CITY-ST-ZIP COCOA FL

TITLE T ☐ DELETE

NAME PENNINGTON, CLEVE
STREET ADDRESS 1934 OTTERBEIN AVE
CITY-ST-ZIP COCOA FL 32922

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W.O. Wells
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99

(407) 636-7178

CR2E037 (1/98)