


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90008 028 \*\*\*\*61.25

<b>DOCUMENT # 714401</b> 1. Entity Name WAVERLY MANOR APARTMENTS, INC.	
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Principal Place of Business 1421 COURT STREET STE. B CLEARWATER, FL 33756	Mailing Address 1421 COURT STREET STE. B CLEARWATER, FL 33756
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01132006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0308795	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent HERSEN, THOMAS <i>Edith Farkas</i> 1421 COURT STREET <i>224 Waverly Way #2</i> STE B CLEARWATER, FL 33756 <i>Clearwater, FL 33756</i>	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 <i>Edith Farkas</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<i>Edith Farkas</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	2-27-06 <small>DATE</small>

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT HERSEN, THOMAS <i>President Farkas Edith</i> 1421 COURT ST., STE B <i>224 Waverly Way #2</i> CLEARWATER, FL 33756 <i>Clearwater, FL 33756</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SACERIO, JOSEPH A <i>Binder Robert</i> 224 WAVERLY WAY #8 <i>36 Midway Island</i> CLEARWATER, FL 33756 <i>Clearwater Beach, FL 33767</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACQUIER, CYRILLE <i>Rivera, Raul</i> 1712 BELLEAIR FOREST DR. #8 <i>2286 Claiborne Dr.</i> CLEARWATER, FL 33756 <i>Clearwater, FL 33764</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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>Edith Farkas</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2-27-06 <small>Date</small>	813 414-6451 <small>Daytime Phone #</small>