

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90289 047 \*\*\*\*61.25

<b>DOCUMENT # 717919</b> 1. Entity Name FLORIDA APARTMENT ASSOCIATION, INC.					
Principal Place of Business 1133 W MORSE BLVD SUITE 201 WINTER PARK, FL 32789			Mailing Address 1133 W MORSE BLVD SUITE 201 WINTER PARK, FL 32789		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1309017	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CROW,PAT 1133 W. MORSE, STE. 201 WINTER PARK, FL 32789				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERRY, GARY 9036 MUIRFIELD CT TALLAHASSEE, FL 323124005		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANGELA ISHAM 5300 N. POWERLINE RD., #200 FT. LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLEN, TERI 11401 9TH STREET N. SAINT PETERSBURG, FL 33716		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD ALLEN, TERI 8002 RICHMOND PLACE DRIVE TAMPA, FL 33647	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD WATKINS, DAVID 8001 WOODLANDS CENTER BLVD #150 TAMPA, FL 33614		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED RATCHFORD, KATHY 5950 HAZELTINE NATL. DR., #157 ORLANDO, FL 32822	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACTON, LUANN 12008 S. SHORE BLVD. #106 WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD ACTON, LUANNE 5605 GLENRIDGE DRIVE ATLANTA, GA 30342	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED SMITH, MARK 28 W CENTRAL BLVD #200 ORLANDO, FL 32801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED SMITH, MARK 28 W. CENTRAL BLVD., #200 ORLANDO, FL 32801	
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.					
<b>SIGNATURE:</b>			<b>MARK SMITH</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		