

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90035 007 ****61.25

DOCUMENT # 717919 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1309017	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CROW, PAT 1133 W. MORSE, STE. 201 WINTER PARK, FL 32789			7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution: ☐		\$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	VPD ISHAM, ANGELA 5300 N. POWERLINE ROAD# 200 FORT LAUDERDALE, FL 33039 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Graber, Rod 324 N. Bay Hills Blvd. Safety Harbor, FL 34695 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLEN, TERI 8002 RICHMOND PLACE DRIVE TAMPA, FL 33647 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD WATKINS, DAVID 8001 WOODLANDS CENTER BLVD #150 TAMPA, FL 33614 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED RATCHFORD, KATHY 5950 HAZELTINE NATIONAL DR. #157 ORLANDO, FL 32822 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ratchford, Kathy 5950 Hazeltine National Dr., #157 Orlando, FL 32822 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD ACTON, LUANN 12008 S. SHORE BLVD. #106 WELLINGTON, FL 33414 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Gallagher, Brenda 7645 Gate Pkwy., #202 Jacksonville, FL 32256 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, MARK 28 W CENTRAL BLVD #200 ORLANDO, FL 32801 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD Smith, Mark 28 W. Central Blvd., #200 Orlando, FL 32801 ☒ Change ☐ Addition	
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>Kathryn Ratchford</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			KATHRYN RATCHFORD 3-9-06 407-647-8839 Date Daytime Phone #		