

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90285 023 ****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 - No P.O. Box # 341 N. MAITLAND AVENUE		3. Mailing Address 341 N. MAITLAND AVENUE			
Suite, Apt. #, etc. SUITE 130		Suite, Apt. #, etc. SUITE 130			
City & State MAITLAND, FL		City & State MAITLAND, FL			
Zip 32751	Country ORANGE	Zip 32751	Country ORANGE	4. FEI Number 59-1309017	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
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 CROW-SEGAL, PAT Street Address (P.O. Box Number is Not Acceptable) 341 N. MAITLAND AVENUE SUITE 130 City MAITLAND FL Zip Code 32751		
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>Pat Crow Segal</i> DATE <i>4/2/07</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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 GRABER, ROD 324 N BAY HILLS BLVD SAFETY HARBOR, FL 34695 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FREDLUND, CINDY 250 BELLE CHASE CR. TAMPA, FL 33634 ☐ 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	PPD ALLEN, TERI 8002 RICHMOND PLACE DRIVE TAMPA, FL 33647 ☒ 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	PD DECKER, MARK 555 WINDERLY PLACE, #415 MAITLAND, FL 32751 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RATCHFORD, KATHY 5950 HAZELTINE NATIONAL DR, # 157 ORLANDO, FL 32822 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD RATCHFORD, KATHY 5950 HAZELTINE NATIONAL DRIVE, #625 ORLANDO, FL 32822 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALLAHER, BRENDA 7645 GATE PKWY, # 202 JACKSONVILLE, FL 32256 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GALLAHER, BRENDA 7645 GATE PKWY, #202 JACKSONVILLE, FL 32256 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD SMITH, MARK 28 W CNTRL BLVD, # 200 ORLANDO, FL 32801 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD SMITH, MARK 350 W. PINE STREET 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>Mark A. Deh</i>			Date: <i>4/17/07</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: <i>407-660-1100</i>		