

DOCUMENT # 722486

1. Entity Name

MARANATHA APARTMENTS, INC.**FILED**
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90065 026 ****70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

11 S.W. 4TH AVENUE
BOCA RATON FL 3343211 S.W. 4TH AVENUE
BOCA RATON FL 33432-4719

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7415032

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWER, EVELYN C.
11 SW 4TH AVE, APT C-26
BOCA RATON FL 33432

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	P			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	PLOURDE, RICHARD E	11 SW 4TH AVE APT B-15	BOCA RATON FL 33432						
	VD			<input checked="" type="checkbox"/> Delete		VD			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	MURRAY, JACK	11 SW 4TH AVE, APT. B-22	BOCA RATON FL 33432			WATKINS, PAULINE	11 SW 4th AVE APT A-5	BOCA RATON, FL 33432	
	TD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	BROWER, EVELYN C.	11 SW 4TH AVE., APT C-26	BOCA RATON FL				SAME		
	SD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	RICH, ARDYTHE W	22 SW 4TH AVE, APT B-14	BOCA RATON FL 33432				SAME		
	BD			<input type="checkbox"/> Delete		BD			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	LAW, ISOBEL T	11 SW 4TH AVE, APT C-25	BOCA RATON FL			MEYER, RALPH	11 SW 4th AVE APT A-7	BOCA RATON, FL 33432	
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

EVELYN C. BROWER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2007 (MAY)