

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # 737675

1. Entity Name
SHALIMAR APARTMENTS, INC.



Principal Place of Business
**1325 NORTH J ST.
APT #1
LAKE WORTH, FL 33460**

Mailing Address
**1325 NORTH J ST.
APT #1
LAKE WORTH, FL 33460**



03262007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOWARD, RICHARD L
1325 N J ST APT 1
LAKE WORTH, FL 33460**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	HARLOW, BETTY A
STREET ADDRESS	1325 NORTH J ST. APT 1
CITY- ST- ZIP	LAKE WORTH, FL 33460
TITLE	VD
NAME	HAUSER, GLENN
STREET ADDRESS	1325 N J ST APT 2
CITY- ST- ZIP	LAKE WORTH, FL 33460
TITLE	SD
NAME	HOWARD, RICHARD L
STREET ADDRESS	1325 N J ST APT 1
CITY- ST- ZIP	LAKE WORTH, FL 33460
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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04/16/07-80051-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-07