


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 737675 1. Entity Name SHALIMAR APARTMENTS, INC.	
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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
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04082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000915540
05/09/08-80019-006 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PDT HARLOW, BETTY A 1325 NORTH J ST. APT 1 LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD HAUSER, GLENN 1325 N J ST APT 2 LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD HOWARD, RICHARD L 1325 N J ST APT 1 LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-08 (561) 582-1110