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NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name 749446

(1)

MARIALA IV APARTMENTS, INC.

FILED
Mar 26 1998 8:00am
Secretary of State

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Principal Place of Business Malling Address										r rentri charr Ardin telle dans A	inin alfi Alfil A	1811 91911 91911	B1011 01011 1801
105 SO. E STR				105 SO. E STREET. #1					3.	Date Incorporated or Qualifi	ed		
LAKE WORTH FL 33460 LAKE WORTH FL 33460 US										10/23/1979			
100			00						4.	FEI Number			Applied For
2. Principal Place of Business 28. Mailing Address										<u>59-2004407</u>			lot Applicable
2. Principal P	TACE OF BUSINE	BSS	26 M	2a. Mailing Address					5.	Certificate of Status Desired			Additional Required
Sulte, Apt. #, etc. Sulte, Apt. #, e									6.	Election Campaign Financin	3		May Be
22		27						<u> </u>	Trust Fund Contribution			to Fees	
City & Stat	e			City & State					7. Is this nonprofit corporation a homeowners association?				
Zip Country				Zip Country				·	8. This corporation owes or has paid the current year intangible				
24		25	29		30					Personal Property Tax due J			□ No
	9. Name	and Address of Curr	ent Registere	ed Agent					10.	Name and Address of New	Registered	Agent	
						81	١,	lame					
BEZUGLY, MARIA G 105 SO. E STREET, #1						82	8	treet Addr	ess (F	P.O. Box Number Is Not Acce			
	ORTH FL 33				83	+		_					
						84	-	City				85 Zip	Code
							L				<u> </u>	<u>- </u>	
11. Pursuant office or r	to the provision	ons of Sections 617.09	502 and 617.1	1508, Florida Stat Such change wa	tutes, the	he abov	/8-n: v th	amed corp	oratio	on submits this statement for the	ne purpose o	of changing	its registered
agent. I a	ım fa miliar witi	h, and accept the obl	igations of, Se	ection 617.0503,	Florida	Statute	\$.	0 00. p=		board of directors. I hereby a		, , , , , , , , , , , , , , , , , , , 	
SIGNATURE	Signature honord o	y printed same of registered a	sond and title if to	aliashia (hi	OTE: Box	internal Acr	001 0	ignature require	nd wher	- seinetation)	DATE		·
12.								gratore requir		ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
TITLE	D		☐ DELETE			1.1 TITLE				······································		☐ Change	Addition
NAME	11						1.2 NAME						
STREET ADDRESS								1.3 STREET ADDRESS					
CITY-ST-ZIP		NFL 33462	DELETE			1.4 CITY - ST - ZIP						☐ Change	Addition
TITLE NAME	D DEZIJOLV	/ MADIA G	C Decele			2.1 TITLE 2.2 NAME						☐ Cusufis	
STREET ADDRESS				I .			2.2 NAME 2.3 STREET ADDRESS						
CITY-ST-ZIP		ORTH FL 33460				2. 4 CITY-ST-ZIP					• 5		
TITLE	D			DELETE	_	3.1 TITLE						Change	☐ Addition
NAME	DE LISI, I	FRANK				3.2 NAME							
STREET ADDRESS		LOW DRIVE			I	3.3 STREET	T ADE	ORESS					
CITY-ST-ZIP	SCARBO	ROUGH, ONTARIO	<u>CANADAFL</u>			3.4. CITY-	ST-Z	ZIP .				170	A 1 100
TITLE				☐ DELETE		4.1 TITLE		1				L Change	Addition
NAME CTOSET ADDRESS						4.2 NAME		NDC00					
STREET ADORESS 1						4.3 STREET 4.4 CITY - S							
TITLE				DELETE		5.1 TITLE	01 · Z	<u>" </u>				Change	Addition
NAME				•		5.2 NAME		-				_ •	-
STREET ADDRESS					[]	5.3 STREET	T ADC	ORESS					
CITY-ST-ZIP						5.4 CITY - S	ST-ZI	IP					
TITLE				DELETE		6.1 TITLE		-				Change	Addition
NAME :						6.2 NAME							
STREET ADDRESS						6.3 STREET	T ADI	ORESS					

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 trustage empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from an attacking the statutes.

SIGNATURE:

CITY-ST-ZIP