## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

## FILED Feb 19, 1999 8:00 am Secretary of State

| <u> </u>   | <u>1</u> 999  | DIVISION OF CORPORATIONS   |  | 02-19-1999 90119 045 ****61.25   |                       |  |
|--|---|--|--|--|-----------------------|--|
| · Corpor   | UMENT # 7550<br>Pation Name<br>ANNA XII APTS., INC. | 85   |  |  |                       |  |
| 11011  | ANNA AN AFIS, INC.                                  |  |  | 79071 - 90119 - 40   |                       |  |
|  |   |  |  |  |                       |  |
| Principal P  | Place of Business                                   | Mailing Address  | ···  | <b>-</b>   | •                     |  |
| 400 S. DIXIE HWY SUITE 10                                    |   |  | F 10   |  |                       |  |
| LAKE WOR   | TED PROPERTY MANAGEMENT<br>ITH FL 33460             | %ASSOCIATED PROPER<br>LAKE WORTH FL 33460                              | TY MANAGEMENT  |  |                       |  |
|  | al Place of Business                                | 2a. Mailing Address  | <del></del>  | Date Incorporated or Qualifed  |                       |  |
| 21   |   | 26   |  | 11/12/1980   |                       |  |
| 22 Suite, A  | pt. #, etc.   | Suite, Apt. #, etc.  |  | 4. FEI Number  | Applied For           |  |
| City & S   | tate  | 27   |  | 59-2145885   | Not Applicable        |  |
| 23   | ·   | City & State   |  | 5. Certifcate of Status Desired  | \$8.75 Additional     |  |
| Zip  | Country   | Zip  | Country  | ································   | Fee Required          |  |
| 24   | 25  | 29   | 30   | 6. Election Campaign Financing   | \$5.00 May Be         |  |
|  | 9. Name and Address of Cu                           | rrent Registered Agent   | 130  | Trust Fund Contribution  10. Name and Address of New Registered A  | Added to Fees         |  |
|  |   | <u>-</u>   | 81 Name  | Name and Address of New Registered A   | gent                  |  |
| ASSOCI   | ATED PROPERTY MANAGEMEN                             | NT   | 82 Street Addr   | (D O D   |                       |  |
| 400 S. [   | DIXIE HWY, SUITE 10                                 |  | OZ Street Addr   | ess (P.O. Box Number is Not Acceptable)  |                       |  |
| TAKE M   | ORTH FL 33460                                       |  | 83   |  |                       |  |
|  |   |  | 84 City  |  | •                     |  |
| 11. Pursuar  | of to the provisions of Section 247                 | 0500   |  | FL   | 85 Zip Code           |  |
| office or  | registered agent, or both, in the St                | 0502 and 617.1508, Florida Statut<br>ate of Florida. Such change was a | tes, the above-named corporation   | pration submits this statement for the purpose of ch   | anging its registered |  |
| agent. I   | am ramiliar with, and accept the ob                 | ligations of, Section 617.0503, Flo                                    | rida Statutes.   | pration submits this statement for the purpose of chin's board of directors. I hereby accept the appointment | nent as registered    |  |
|  | Signature, typed or printed name of registered      |  |  |  | ]                     |  |
| 12.  | OFFICERS  | AND DIRECTORS  | Registered Agent signature required  | when reinstating)  DATE  ADDITIONS (CHANCES TO DESIGNED AND  |                       |  |
| TITLE  | PTD   | ☐ DELETE   | 1.1 TITLE  | ADDITIONS/CHANGES TO OFFICERS AND  |                       |  |
| NAME   | HOWLAND, GEORGE                                     |  | 1.2 NAME   | . г  | Change Addition       |  |
| STREET ADDRESS   |   |  | 1.3 STREET ADDRESS   |  |                       |  |
| CITY-ST-ZIP  | LAKE WORTH FL                                       |  | 1.4 CITY-ST-ZIP  |  |                       |  |
| TITLE<br>NAME  | VD  | ☐ DELETE   | 2.1 TITLE  |  | Change Addition       |  |
|  | CUNI, QUAMIL  |  | 2.2 NAME   | _  | 1 Onlinge             |  |
| STREET ADDRESS<br>SITY-ST-ZIP                                | 212 NORTH K ST, #6<br>LAKE WORTH FL                 |  | 2.3 STREET ADDRESS   |  |                       |  |
| TILE   | SD-   |  | 2. 4 CITY-ST-ZIP   |  |                       |  |
| IAME   | COOPER, KENT  | DELETE   | 3.1 TITLE  |  | Change Addition _     |  |
| TREET ADDRESS  |   |  | 3.2 NAME   |  |                       |  |
| ITY-ST-ZIP   | LAKE WORTH FL                                       |  | 3.3 STREET ADDRESS   |  |                       |  |
| TILE   |   | ☐ DELETE   | 3.4. CITY-ST-ZIP   |  |                       |  |
| IAME   |   | D DECENE   | 4.1 Π7LE<br>4.2 NAME   | . · · · · ·  | Change                |  |
| TREET ADDRESS  |   |  |  |  | 1                     |  |
| TY-ST-ZIP  |   |  | 1 -  |  | ľ                     |  |
| TLE  | <del></del>   |  | 4.3 STREET ADDRESS   |  |                       |  |
|  |   | ☐ DELETE   | 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP   |  |                       |  |
| Į  |   | ☐ DELETE   | 4.3 STREET ADDRESS   |  | Change Addition       |  |
| REET ADDRESS   |   | ☐ DELETE   | 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE   |  | Change Addition       |  |
| TY-ST-ZIP  |   | ☐ DELETE   | 4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE<br>5.2 NAME                                     |  | Change                |  |
| TREET ADDRESS<br>TY-ST-ZIP<br>TLE                            |   | ☐ DELETE   | 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS                           |  |                       |  |
| TREET ADDRESS<br>TY-ST-ZIP<br>TLE                            |   |  | 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP           |  | Change                |  |
| AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP |   |  | 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE |  |                       |  |

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 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 Block 12 or Block 13 if changed, or on an attachment with an address, with an other like empowered.

| SIG | N. | <b>AT</b> | UR | Ε |
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