

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 811508 (1)

1. Corporation Name
REDINGTON REEF APARTMENTS, INC.



Principal Place of Business
16400 GULF BLVD.
REDINGTON BEACH FL 33708

Mailing Address
16400 GULF BLVD.
REDINGTON BEACH FL 33708

3. Date Incorporated or Qualified 12/22/1956	3a. Date of Last Report 01/18/1995
4. FEI Number 59-0858314	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

HEISTAND, PAUL K.
221 SECOND AVENUE
P.O. BOX 120
ST PETERSBURG FL 33731

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the filing location

(NOTE: Registered Agent Signature required when registering)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D
NAME	SKIDMORE, PATRICK	1.2 NAME	GOLDSMITH, A.A.
STREET ADDRESS	11211 WINN ROAD	1.3 STREET ADDRESS	16400 GULF BLVD.
CITY-STATE-ZIP	RIVERVIEW FL	1.4 CITY-STATE-ZIP	ST. PETERSBURG, FL. 0
TITLE	VP	2.1 TITLE	
NAME	REEVES, J.	2.2 NAME	
STREET ADDRESS	16400 GULF BLVD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ST PETERSBURG, FL 0	2.4 CITY-STATE-ZIP	
TITLE	T	3.1 TITLE	
NAME	HANSEL, RICHARD	3.2 NAME	
STREET ADDRESS	16400 GULF BLVD	3.3 STREET ADDRESS	
CITY-STATE-ZIP	ST PETERSBURG, FL 0	3.4 CITY-STATE-ZIP	
TITLE	S	4.1 TITLE	S
NAME	LURTZ, L.	4.2 NAME	RUNDLE, E.
STREET ADDRESS	16400 GULF BLVD	4.3 STREET ADDRESS	16400 GULF BLVD.
CITY-STATE-ZIP	ST PETERSBURG, FL 0	4.4 CITY-STATE-ZIP	ST. PETERSBURG, FL 0
TITLE	D	5.1 TITLE	
NAME	ARMSTRONG, W.	5.2 NAME	
STREET ADDRESS	16400 GULF BLVD	5.3 STREET ADDRESS	
CITY-STATE-ZIP	ST PETERSBURG, FL 0	5.4 CITY-STATE-ZIP	
TITLE	D	6.1 TITLE	D
NAME	GLEASON, R.	6.2 NAME	VASCONCELO, D.
STREET ADDRESS	16400 GULF BLVD	6.3 STREET ADDRESS	16400 GULF BLVD.
CITY-STATE-ZIP	ST PETERSBURG, FL 0	6.4 CITY-STATE-ZIP	ST. PETERSBURG, FL. 0

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Handwritten Signature (TREAS.)

FEB. 28, 1996 391-7750

CR2E034 (12/95)