## 2006 FOR PROFIT CORPORATION

## Apr 25, 2006 8:00 am Secretary of State ANNUAL REPORT 04-25-2006 90108 014 \*\*\*150.00 **DOCUMENT #811716** 1. Entity Name MAR VISTA APARTMENTS INC 40061830 Mailing Address Principal Place of Business 1702 CORDOVA ROAD 3013 HARBOR DRIVE FT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316 2. Principal Place of Business Mailing Address 1322 S.E. 17 STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For T. LAMNERDALE 59-6065770 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired BROWARD 333i6 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERBERT, KATHLEEN Street Address (P.O. Box Number is Not Acceptable) 3013 HARBOR DR FORT LAUDERDALE, FL 33316 City Zip Code FL 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. It 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITI F TITLE Delete ☐ Addition NAME MYLES, WEGMAN NAME 3013 HARBOR DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition HERBERT, KATHLEEN NAME NAME STREET ADDRESS 3013 HARBOR DRIVE STREET ADDRESS FT LAUDERDALE, FL CITY-ST-ZIP CHY-ST-ZIP TITLE TD ☐ Delete Change ☐ Addition HOPKINS, VERONICA NAME NAME STREET ADDRESS 3013 HARBOR DRIVE STREET ADDRESS FORT LAUDERDALE, FL CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME ANDREW, DOMMICK NAME 3013 HARBOR DRIVE STREET ADDRESS STREET ADORESS CITY-ST-ZIP FORT LAUDERDALE, FL CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

**FILED** 

12. I hereby certify that the information supplied with this filling 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 607. 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.

PA STIDENT PRESIDENT KATHLEEN HELBERT

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