

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 811716**

1. Entity Name  
**MAR VISTA APARTMENTS INC**



Principal Place of Business

**3013 HARBOR DRIVE  
FT LAUDERDALE, FL 33316**

Mailing Address

**1322 SW 17 ST  
FORT LAUDERDALE, FL 33316 US**



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-6065770**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**HERBERT, KATHLEEN  
3013 HARBOR DR  
FORT LAUDERDALE, FL 33316**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000925590  
05/20/08-80030-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
MYLES, WEGMAN  
3013 HARBOR DRIVE  
FT LAUDERDALE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
HERBERT, KATHLEEN  
3013 HARBOR DRIVE  
FT LAUDERDALE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
HOPKINS, VERONICA  
3013 HARBOR DRIVE  
FORT LAUDERDALE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ANDREW, DOMMICK  
3013 HARBOR DRIVE  
FORT LAUDERDALE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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 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.

**SIGNATURE:** *Kathleen Herbert Pres.* **KATHLEEN HERBERT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/23/08* **954.522-5692**  
Date Daytime Phone #