

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 DEC 29 AM 11:22



1. Name of Limited Partnership

1a. DOCUMENT #
A93000000466

**HUNTERS WAY APARTMENT HOMES OF FLORIDA, LIMITED
PARTNERSHIP**

Mailing Address

**472 OSCEOLA AVENUE ---
JACKSONVILLE BEACH FL 32250**

Principal Office Address

**---472 OSCEOLA AVENUE ---
JACKSONVILLE BEACH FL 32250**

3. Date Formed or Registered

05/05/1993

5a. Capital Contributions as
Shown on record

\$383,879.00

3a. Date of Last Report

05/15/1997

5b. Amount of Capital
Contributions in FLORIDA
to date

383,879

4. State or Country of Formation

FL

6. FEI Number

59-3227743

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

**2320 S. Third St.
Suite, Apt. #, etc. #11**

2a. Principal Office Address

**2320 S. Third St.
Suite, Apt. #, etc. #11**

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**HARTMAN, CHARLES E
472 OSCEOLA AVENUE ---
JACKSONVILLE BEACH FL 32250**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)
2320 S. Third St.

Suite, Apt. #, etc.

#11

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

MASON-PHILLIPS PROPERTIES OF

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

**---472 OSCEOLA AVENUE ---
2320 S. Third St.
#11**

11b. City, State & Zip Code

JACKSONVILLE BEACH FL

11c. Registration/
Document Number

P93000032481

**200002396192-1
-01/09/98--01109--003
****550.00 ****550.00**

437.50 103.75 8.75

dcc

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Charles E. Hartman

Charles E. Hartman, PResident

DATE

12/22/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

904-270-1042

CR2E003 (6/97)