

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000005597

1. Entity Name

HAMLIN APARTMENTS FLORIDA, INC.



Principal Place of Business

Mailing Address

C/O SENTINEL REAL ESTATE CORPORATION
1251 AVE. OF THE AMERICAS, 35TH FLOOR
NEW YORK NY 10020

C/O SENTINEL REAL ESTATE CORPORATION
1251 AVE. OF THE AMERICAS, 35TH FLOOR
NEW YORK NY 10020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

13-3881775

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON FL 33331

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME STREICKER, JOHN H
STREET ADDRESS 1251 AVENUE OF THE AMERICAS, 35TH FLOOR
CITY-ST-ZIP NEW YORK NY 10020

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 000000512006
CITY-ST-ZIP 04/29/06-80073-009 150.00

TITLE V ☐ Delete
NAME BELLI, NOEL G
STREET ADDRESS 1251 AVENUE OF THE AMERICAS, 35TH FLOOR
CITY-ST-ZIP NEW YORK NY 10020

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME SCHEFFLER, LARRY
STREET ADDRESS 1251 AVENUE OF THE AMERICAS, 35TH FLOOR
CITY-ST-ZIP NEW YORK NY 10020

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME CASSIDY, MILLIE C
STREET ADDRESS 1251 AVENUE OF THE AMERICAS, 35TH FLOOR
CITY-ST-ZIP NEW YORK NY 10020

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME ROTH, LELAND
STREET ADDRESS 1251 AVENUE OF THE AMERICAS, 35TH FLOOR
CITY-ST-ZIP NEW YORK NY 10020

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME WATTERS, CONNELL J
STREET ADDRESS 1251 AVENUE OF THE AMERICAS, 35TH FLOOR
CITY-ST-ZIP NEW YORK NY 10020

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Connell J. Watters, Secretary 4/16/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #