

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 # F94000000397 (9)

1. Corporation Name

EAST APARTMENT MANAGEMENT, INC.



Principal Place of Business

2859 PACES FERRY ROAD
STE. 1450
ATLANTA GA 30339

Mailing Address

2859 PACES FERRY ROAD
STE. 1450
ATLANTA GA 30339

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/26/1994

3a. Date of Last Report

04/18/1995

4. FEI Number

58-2086614

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable

NOTE: Registered Agent Signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BROMLEY, MARCUS E
STREET ADDRESS 2859 PACES FERRY RD., STE. 1450
CITY-ST-ZIP ATLANTA GA 30339

TITLE VPD ☐ DELETE

NAME HAMMOND, WILLIAM M
STREET ADDRESS 2859 PACES FERRY RD., STE. 1450
CITY-ST-ZIP ATLANTA GA 30339

TITLE VPD ☐ DELETE

NAME CLARK, C J
STREET ADDRESS 2859 PACES FERRY RD., STE. 1450
CITY-ST-ZIP ATLANTA GA 30339

TITLE TS ☐ DELETE

NAME BANKS, MARVIN R JR
STREET ADDRESS 2859 PACES FERRY RD.
CITY-ST-ZIP ATLANTA GA 30339

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VP

Edward A. Fish, III
2859 Paces Ferry Rd. Ste 1450
Atlanta GA 30339

VP

J. Michael McGwier
2859 Paces Ferry Rd. Ste 1450
Atlanta GA 30339

Assistant Secretary

Dawn M. Severt
2859 Paces Ferry Rd. Ste 1450
Atlanta GA 30339

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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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96

770-476-4600

Date

Daytime Phone #

CR2E034 (12/95)