

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90012 009 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000000158

1. Corporation Name

AMERICAN APARTMENT COMMUNITIES HOLDINGS, INC.

Principal Place of Business

1177 S.E. THIRD AVENUE
FT. LAUDERDALE FL 33316

Mailing Address

1177 S.E. THIRD AVENUE
FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1998

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐

Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 **10 SOUTH SIXTH STREET**

26 **10 SOUTH SIXTH STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **RICHMOND, VA**

28 **RICHMOND, VA**

Zip

Country

Zip

Country

24 **23219**

25

29 **23219**

30

9. Name and Address of Current Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input checked="" type="checkbox"/> DELETE
NAME	CALLARD, JAMES H	
STREET ADDRESS	21 W. BROAD STREET, 11TH FLOOR	
CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE	VCT	<input checked="" type="checkbox"/> DELETE
NAME	SCHECHTER, RICHARD A	
STREET ADDRESS	2439 APPALOOSA TRAIL	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	DSV	<input checked="" type="checkbox"/> DELETE
NAME	NICKERSON, GEORGE R	
STREET ADDRESS	21 W. BROAD STREET, 11TH FLOOR	
CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MEAD, SHEILA	
STREET ADDRESS	2439 APPALOOSA TRAIL	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KLINGBEIL-WEIS, KRISTEN	
STREET ADDRESS	21 W. BROAD STREET, 11TH FLOOR	
CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	XX P/D
1.3 STREET ADDRESS	John S. Schneider
1.4 CITY-ST-ZIP	10 South Sixth Street
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SV/S
2.3 STREET ADDRESS	Katheryn E. Surface
2.4 CITY-ST-ZIP	10 South Sixth Street
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V
3.3 STREET ADDRESS	Kevin W. Walsh
3.4 CITY-ST-ZIP	10 South Sixth Street
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	C
4.3 STREET ADDRESS	John P. McCann
4.4 CITY-ST-ZIP	10 South Sixth Street
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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:

KATHERYN E SURFACE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/20/99 780-2691

CR2E034 (5/99)