## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## OCUMENT # F9800000265

SABAL WALK APARTMENT CORPORATION

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90136 046 \*\*\*157.75



rincipal Plac	ಪ of Business	Mailing Address		
E. FOURTH STREET. SUITE 1700 201 E. FOURTH STREET. SUITE 1700			·	
	H 45202	OZ CINCINNATI OH 45202		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				01/15/1998
. Dainetant D	Ness of Business 4	2a Mailine Address / /		4. FEI Number Applied For
19 1 2 1	Place of Business	2a. Mailing Address	STREET	33-0785842 Not Applicable
Suite, Apt.	# 010	26 XX / E , /	O / / CCC/	\$8.75 Additional
	370	23/0		5. Certifcate of Status Desired Fee Required
City & Sta		City & State		6. Election Campaign Financing \$5.00 May Be
11/1/1	INNATI OHIO	28 CINCINNAT	1, OH	Trust Fund Contribution Added to Fees
Zip	Country	₩ '#/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Country	8. This corporation owes the current year Intangible
175	20 0	29 75202 30	U.S. A.	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
MAT	TONCOODD DECICTEDED ACENTO	NC NC	81 Name	
	TONSCORP REGISTERED AGENTS	o, INC.	82 Street	Address (P.O. Box Number is Not Acceptable)
526 E. PARK AVENUE				
IALI	LAHASSEE FL 32301		83	
			84 City	85 Zip Code
				t corporation submits this statement for the purpose of changing its registered
agent. I a	am familiar with, and accept the obligation of the control of the	ons of, Section 607.0505, Florida s	Statutes.	poration's board of directors. I hereby accept the appointment as registered
i 2.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	PC	☐ DELETE 1	1.1 TITLE	PC Addition
	WARNER, DAVID L	1	1.2 NAME	WARNER DAVID L. to to 2310
ara i lainetéss	201 E. FOURTH STREET, SUITE	1700	1.3 STREET ADORESS	
ST-ZIP	CINCINNATI OH 45202	1	1.4 CITY-ST-ZIP	CINCINNATI OH 45202
IILE	V	☐ DELETE 2	2.1 TITLE	HOCKEMA, RICHARD W. DYChange Addition
	HOCKEMA, RICHARD W	1	2.2 NAME	Hoenema, Kichard W.
1 AIXÍRESS	201 E. FOURTH STREET, SUITE	1700	2.3 STREET ADDRESS	
- ST ZIP	CINCINNATI OH 45202		2. 4 CITY+ST-ZIP	CINCINNATI ON 45202
IILÉ	S	☐ DELETE :	3.1 TITLE	S Change □ Addition
	MULRONEY, PATRICIA J		3.2 NAME	MULRONEY, Patricia J.
···· I ALKĪRĒŠŠ	201 E. FOURTH STREET, SUITE	1700	3.3 STREET ADDRESS	221 E. FOURTH STREET, Suite 2310
- · ST-ZIP	CINCINNATI OH 45202	3	3.4. CITY-ST-ZIP	CINCINNATI OH 45202
ıiu:	T	☐ DELETE 4	1.1 TITLE	Change Addition
	DAY, RICHARD H		1. 2 NAME	DAY RICHARD H.
TREET ANDRESS	ANA P COURTY OTREET OUTE	1700	4.3 STREET ADDRESS	
T ST ZIP	CINCINNATI OH 45202		1.4 CITY-ST-ZIP	CINCINNATION 45202
IILE	VC		5.1 TITLE	\\ \( \frac{1}{2} \) Change \( \superstandarrow \) Addition
-	WARNER, M. E		5.2 NAME	WARNER M.E + C /
TREET ADDRESS	201 E. FOURTH STREET, SUITE	1700	5.3 STREET ADDRESS	221 E. FOURTH STREEL, DUITE 231
ATTY- ST-ZIP	CINCINNATI OH 45202		5.4 CITY-ST-ZIP	WARNER, M.E. STREET, Suite 231. CINCINNATI, OH 45202
TITLE		☐ DELETE	3.1 TITLE	Change Addition
IAME	1		3.2 NAME	
TREET ADORESS	·		3.3 STREET ADDRESS	
.,,			A CITY OT 7ID	

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 enable 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 chapted, or on an attachment with an address, with all other like empowered.