

**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

**FILED**  
**Apr 02 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # K17509 (6)**

1. Corporation Name  
**WESTVIEW APARTMENTS, INC.**



Principal Place of Business: **245 PEACHTREE CENTER AVE. STE. 1100 ATLANTA GA 30303**  
Mailing Address: **245 PEACHTREE CENTER AVE. STE. 1100 ATLANTA GA 30303**

2. Principal Place of Business: **21 FDIC-100 Colony Sq. Box 68 Suite 2300 Atlanta, GA 30361 USA**  
2a. Mailing Address: **26 FDIC-100 Colony Sq. Box 68 Suite 2300 Atlanta, GA 30361 USA**

3. Date Incorporated or Qualified: **03/09/1988**  
3a. Date of Last Report: **04/13/1995**  
4. FEI Number: **65-0121770**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**CT 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  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I, the above named corporation, submit 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registered.)

**12. OFFICERS AND DIRECTORS**

|                |                                    |  |
|----------------|------------------------------------|--|
| TITLE          | DP                                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | MCCULLAGH, RONALD D                |  |
| STREET ADDRESS | 245 PEACHTREE CTR. AVE., STE. 1100 |  |
| CITY-STATE-ZIP | ATLANTA GA 30303                   |  |
| TITLE          | DVPS                               | <input checked="" type="checkbox"/> DELETE |
| NAME           | HALLMAN, LAMAR V                   |  |
| STREET ADDRESS | 245 PEACHTREE CTR. AVE., STE. 1100 |  |
| CITY-STATE-ZIP | ATLANTA GA 30303                   |  |
| TITLE          | DST                                | <input checked="" type="checkbox"/> DELETE |
| NAME           | BARGANIER, J. MICHAEL              |  |
| STREET ADDRESS | 245 PEACHTREE CTR. AVE., STE. 1100 |  |
| CITY-STATE-ZIP | ATLANTA GA 30303                   |  |
| TITLE          | VPAS                               | <input checked="" type="checkbox"/> DELETE |
| NAME           | HAACK, FAYE O                      |  |
| STREET ADDRESS | 245 PEACHTREE CTR. AVE., STE. 1100 |  |
| CITY-STATE-ZIP | ATLANTA GA 30303                   |  |
| TITLE          | VPAS                               | <input checked="" type="checkbox"/> DELETE |
| NAME           | CHANDLER, DEBORAH Y                |  |
| STREET ADDRESS | 245 PEACHTREE CTR. AVE., STE. 1100 |  |
| CITY-STATE-ZIP | ATLANTA GA 30303                   |  |
| TITLE          |                                    | <input type="checkbox"/> DELETE            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-STATE-ZIP |                                    |  |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12**

|                    |                                     |  |
|--------------------|-------------------------------------|--|
| 1.1 TITLE          | D/P                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Lamar V. Hallman                    |  |
| 1.3 STREET ADDRESS | 100 Colony Sq. Box 68 Suite 2300    |  |
| 1.4 CITY-STATE-ZIP | Atlanta, GA 30361                   |  |
| 2.1 TITLE          | D/VP/AS                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | Patricia J. Ray                     |  |
| 2.3 STREET ADDRESS | 100 Colony Sq. Box 68 Ste. 2300     |  |
| 2.4 CITY-STATE-ZIP | Atlanta, GA 30361                   |  |
| 3.1 TITLE          | D/VP/AS                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | Charles P. Farrell, Jr.             |  |
| 3.3 STREET ADDRESS | 100 Colony Square Box 68 Ste. 2300  |  |
| 3.4 CITY-STATE-ZIP | Atlanta, GA 30361                   |  |
| 4.1 TITLE          | D/S/T                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | John P. Rossetti                    |  |
| 4.3 STREET ADDRESS | 100 Colony Square, Box 68 Ste. 2300 |  |
| 4.4 CITY-STATE-ZIP | Atlanta, GA 30361                   |  |
| 5.1 TITLE          |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                     |  |
| 5.3 STREET ADDRESS |                                     |  |
| 5.4 CITY-STATE-ZIP |                                     |  |
| 6.1 TITLE          |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                     |  |
| 6.3 STREET ADDRESS |                                     |  |
| 6.4 CITY-STATE-ZIP |                                     |  |

**400001766924**  
**04/02/96 01061-013**  
**\*\*\*208.75**

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:** *Lamar V. Hallman President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Lamar V. Hallman, President

*402-881-4840*  
Date: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_

CR2E034 (12/95)