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FILED

Jan 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K47067

(9)

1. Corporation Name

GREEN BAY APARTMENTS, INC.

Principal Place of Business

4800 N. FEDERAL HWY.  
SUITE 207, TOWER D  
BOCA RATON FL 33431-4735

Mailing Address

4800 N. FEDERAL HWY.  
SUITE 207, TOWER D  
BOCA RATON FL 33431-5188



3. Date Incorporated or Qualified

11/23/1988

3a. Date of Last Report

02/19/1996

4. FEI Number

65-0104045

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

29

30

9. Name and Address of Current Registered Agent

FELDMAN, JOEL H  
4800 N. FEDERAL HWY.  
SUITE 207, TOWER D  
BOCA RATON FL 33431-4735

10. Name and Address of New Registered Agent

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	DP	<input type="checkbox"/> DELETE
NAME	DRINKWATER, GARY R.	
STREET ADDRESS	PO BOX 32, CELTIC HOUSE, VICTORIA ST	
CITY-ST-ZIP	DOUGLAS IS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARKLEY, NIGEL J	
STREET ADDRESS	4 HAZEL CLOSE	
CITY-ST-ZIP	BIRCHILL, ISLE OF MAN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAWE, HAROLD	
STREET ADDRESS	15 RIVER WALK	
CITY-ST-ZIP	BRADDAN, ISLE OF MAN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FELDMAN, JOEL H	
STREET ADDRESS	4800 N FEDERAL HWY., #207-D	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARTLEDGE, KEVIN	
STREET ADDRESS	PO BOX 32, CELTIC HOUSE, VICTORIA ST	
CITY-ST-ZIP	DOUGLAS IS	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	DOUGLAS, ISLE OF MAN
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	DOUGLAS, ISLE OF MAN
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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)