

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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90115 034 \*\*\*150.00

DOCUMENT # K47067

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 33431-4735

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1988

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 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  
NAME DRINKWATER, GARY R.  
STREET ADDRESS P O BOX 32 HSBC HOUSE, RIDGEWAY ST  
CITY-ST-ZIP DOUGLAS IS 1M991 ☐ DELETE

TITLE D  
NAME RIDINGS, SHAUN  
STREET ADDRESS P O BOX 32 HSBC HOUSE RIDGEWAY ST  
CITY-ST-ZIP DOUGLAS IS 1M99 ☐ DELETE

TITLE D  
NAME DAWE, HAROLD  
STREET ADDRESS 15 RIVER WALK  
CITY-ST-ZIP BRADDAN, ISLE OF MAN ☒ DELETE

TITLE S  
NAME FELDMAN, JOEL H  
STREET ADDRESS 4800 N FEDERAL HWY., #207-D  
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

TITLE D  
NAME CARTLEDGE, KEVIN  
STREET ADDRESS P O BOX 32 HSBC HOUSE RIDGEWAY ST  
CITY-ST-ZIP DOUGLAS IS 1M99 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE Towse, Stephen ☐ Change ☒ Addition  
3.2 NAME P.O. Box 32, HSBC House  
3.3 STREET ADDRESS Ridgeway Street, Douglas  
3.4 CITY-ST-ZIP Isle of Man 1M991

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)