

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # K58962 (7)  
Corporation Name  
APARTMENTS BY THE SARA-SEA, INC.

Principal Place of Business: PETER J. JAENSCH, 14 FOURTH ST., SARASOTA FL 34237  
Mailing Address: PETER J. JAENSCH, 2014 FOURTH ST., SARASOTA FL 34237

Principal Place of Business: 3400 S. Tamiami Trail, Suite 301, Sarasota, Florida 34239  
Mailing Address: 3400 S. Tamiami Trail, Suite 301, Sarasota, Florida 34239

Date Incorporated or Qualified: 01/18/1989  
Date of Last Report: 05/01/1994  
FEI Number: 65-0175543  
Certificate of Status Desired:  \$8.75 Additional Fee Required  
This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

Name and Address of Current Registered Agent: JAENSCH, PETER J., 2014 FOURTH ST., SARASOTA FL 34237

Name and Address of New Registered Agent: 81 Name, 82 Office Address (P.O. Box Number is Not Acceptable) 3400 S. Tamiami Trail, 83 Suite 301, 84 City Sarasota, FL 85 Zip Code 34239

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.

NATURE: Signature of Peter J. Jaensch, dated 5/30/95. (NOTE: Registered Agent signature required when constituting.)

OFFICERS AND DIRECTORS		13.	
1	DP SCHERBER, ERNA 6796 SARASEA CIRCLE SARASOTA FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2		12 NAME	
3		13 STREET ADDRESS	
4		14 CITY - ST - ZIP	
5		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6		22 NAME	
7		23 STREET ADDRESS	
8		24 CITY - ST - ZIP	
9		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10		32 NAME	
11		33 STREET ADDRESS	
12		34 CITY - ST - ZIP	
13		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14		42 NAME	
15		43 STREET ADDRESS	
16		44 CITY - ST - ZIP	
17		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18		52 NAME	
19		53 STREET ADDRESS	
20		54 CITY - ST - ZIP	
21		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22		62 NAME	
23		63 STREET ADDRESS	
24		64 CITY - ST - ZIP	

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Erna Scherber, Date: 5/30/95, Telephone Number: 813-366-9841

APPROVED AND FILED  
95 JUN 21 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*\*\*225.00 \*\*\*\*225.00  
DO NOT WRITE IN THIS SPACE