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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # K83880**

(0)

FIVE STAR PROPERTY MANAGEMENT, INC.

FILED Apr 07 1997 8:00am Secretary of State



Principal Plac % SANDRA GE 6233 A1A SOU ST. AUGUSTIN	ITH	Mailing Address % SANDRA GEIB 6233 ATA SOUTH ST. AUGUSTINE FL 320	% SANDRA GEIB						
}						3. Date Incorporated or Qualified 04/27/1989	3a. Date of Last Report 05/01/1996		
2. Principal f 21	² ace of Business	2a. Mailing Address 26				4. FEI Number 59-2957809		1	optied For ot Applicable
Suite Apt.	.#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Section 5. Section 5. Section 5. Section 5. Section 5. Section 6.			
Oity & Stat 23	11:	City & State	}			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Z(p)	Country 25	Zip 29	30	ntry		8. This corporation has liability for	intangible	tax under s	
	9. Name and Address of C	Current Registered Agent		_		10. Name and Address of New R	egistered	Agent	
GEI	B, SANDRA		Ì	81	Name				
	3 A1A SOUTH AUGUSTINE FL 32084			B2	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
				83	- 				·· ···· ····
	· · · · · · · · · · · · · · · · · · ·			84	City		FL	85 Zip	Code
SIGNATURE 12.	P	ered agent and little if applicable (fines AND DIRECTORS DELETE	vOTE: Rog stered		t signature require	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE CER\$ ANI	DIRECTOI	RS IN 12
NAME STREEF ALDRESS CITY ST-ZIP	GEIB, SANDRA 6233 A1A SOUTH ST. AUGUSTINE FL		1.2 NA 1.3 STI	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP					
BITLE NAME SITEEL ADDRESS			2.2 NA 2.3 ST	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				☐ Change	Addition
THE NAME STREET ADDRESS		DELETE	3.1 TIT 3.2 NA 3.3 STI	31 TITLE 3.2 NAME 3.3 STREET ADDRESS		the second secon		Change	Addition
DOLF NAM* STREEL ADDRESS	□ DELETE 4.1 4.3 5		4.1 TIY 4. 2 N/ 4.3 ST	3 4. CITY - ST - ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS				Change	Addition
CHY-SH-ZIP TOLE NAME SHELLADORESS		☐ DELETE	5.1 TIT 5.2 NA 5.3 ST	4.4 CATY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDR		And the second s		Change	Addition
CITY ST-ZIP THEF NAME STREET ADDRESS:		DELETE	5.4 CIT 6.1 TIT 6.2 NA 6.3 ST	ILE ME				Change	Addition

Two narray scanny was the morniation supplied with this ining does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Fluriner certify that the information inclicated 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: