**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90145 048 \*\*\*150.00

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## 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

## DOCUMENT # L56632

1. Corporation Name

ADVANTAGE PROPERTY MANAGEMENT OF THE TREASURE CO

L					]			1911 BYBN 1991	
Principal Place of Business Mailing Address					1		*** ***** **** *		
1274 NE BUSINESS PK PL  JENSEN BEACH FL 34957  JENSEN BEACH FL 34957  JENSEN BEACH FL 34957					DO NOT WRITE IN THIS SPACE				
US					3. Date Incorporated or Qualifed				
1					03/13/1990			ł	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Apr	lied For	
21					65-0177317		Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				<del></del>	<del></del>		\$8.75 A	dditional	
22	27				5. Certifcate of Status Desired		Fee Re	quired	
City & State City & State					6. Election Campaign Financing		\$5.00	May Be	
23					Trust Fund Contribution	<u> </u>	Added to	Fees	
Zip					8. This corporation owes the current year Intangible				
24	25				Personal Property Tax.				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent									
CHAMATED CE			81	Name					
SHAWVER, C.F.			82	Street Add	dress (P.O. Box Number is Not Accepta	ble)			
1274 NE BUSINESS PK PL			-						
JENSEN BEACH FL 34957			83					ł	
			84	City		FL	85 Zip C	ode	
					possion automite this etetement for the		hanging its	registered	
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						DATE			
12. OFFICERS AND DIRECTORS			13.	( aignaturo Toqui	ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12	
TITLE	DP		1.1 TITLE				Change	Addition	
NAME	SHAWVER, C.F.	<b>I</b> .	1.2 NAME	}					
STREET ADDRESS	AND AND DESCRIPTION OF DE		1.3 STREET	ADDRESS				1	
CITY-ST-ZIP	PENOCH PENOLIFI		1,4 C/TY-ST	-ZIP				}	
TITLE	DST DELETE 217			<del></del>				☐ Addition	
NAME			C.1 111LE	1			Change		
l	FORTE, LORRAINE		2.2 NAME				Change		
I STREET ADDRESS I	FORTE, LORRAINE 41548 SE POMPANO TER			ADDRESS	4548 SE Pompano		Change		
STREET ADDRESS	FORTE, LORRAINE 41548 SE POMPANO TER STUART FL 34997	2	2.2 NAME	I I	4548 SE PompaNC		Change		
STREET ADDRESS  CITY-ST-ZIP  TITLE	41548 SE POMPANO TER	2 2	2.2 NAME 2.3 STREET	I I	4548 SE Pompano		Change	☐ Addition	
CITY-ST-ZIP	41548 SE POMPANO TER	2 2 ☐ DELETE 3	2.2 NAME 2.3 STREET 2.4 CITY-S	I I	4548 SE Pompano				
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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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

☐ Addition