

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N43889 1. Entity Name AMORET APARTMENT CLUB, INC.					
Principal Place of Business 1563 S. HIGHLAND PK DRIVE LAKE WALES FL 33898 US			Mailing Address 1563 S. HIGHLAND PK DRIVE LAKE WALES FL 33898 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number NO-T APPLICABLE				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, BOBBY E SR 1563 S. HIGHLAND PARK DR LAKE WALES FL 33898			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Bobby E Smith Sr</i> (NOTE: Registered Agent signature required when re-registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGERSOLL, JEAN M 3525 TURTLE CREEK BLVD DALLAS TX 75219	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGERSOLL, TED 3525 TURTLE CREEK BLVD DALLAS TX 75219	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARTE, JEFFREY S 1563 S. HIGHLAND PK DR LAKE WALES FL 33898	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRATER, GAY 28 MAPLEWOOD CT BOYNTON BEACH FL 33426	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, CYNTHIA 1563 S HIGHLAND PARK DRIVE LAKE WALES FL 33853	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, BOBBY 1563 S HIGHLAND PARK DR LAKE WALES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	



1st MOORE CR2E037 (10/05)

4. FEI Number
NO-T APPLICABLE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**SMITH, BOBBY E SR
1563 S. HIGHLAND PARK DR
LAKE WALES FL 33898**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

1/30/06

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	INGERSOLL, JEAN M	
STREET ADDRESS	3525 TURTLE CREEK BLVD	
CITY-ST-ZIP	DALLAS TX 75219	
TITLE	D	☐ Delete
NAME	INGERSOLL, TED	
STREET ADDRESS	3525 TURTLE CREEK BLVD	
CITY-ST-ZIP	DALLAS TX 75219	
TITLE	T	☐ Delete
NAME	HARTE, JEFFREY S	
STREET ADDRESS	1563 S. HIGHLAND PK DR	
CITY-ST-ZIP	LAKE WALES FL 33898	
TITLE	D	☐ Delete
NAME	PRATER, GAY	
STREET ADDRESS	28 MAPLEWOOD CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	VD	☐ Delete
NAME	SMITH, CYNTHIA	
STREET ADDRESS	1563 S HIGHLAND PARK DRIVE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	PD	☐ Delete
NAME	SMITH, BOBBY	
STREET ADDRESS	1563 S HIGHLAND PARK DR	
CITY-ST-ZIP	LAKE WALES FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

1/30/06 (617) 674-0808