1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N44819

1. Corporation Name

ALVACATA APARTMENTS, INC.

Principal Place of Business

400 LAMEBANY OF

Mar 29, 1999 8:00 am § Secretary of State

03-29-1999 90075 048 ****61.25



LAKE WALES	FL 33853	WINTER PARK FL 33884 US							
`	lace of Business	2a. Mailing Address			*	3. Date incorporated or Qualife 08/23/1991	ed .		
21	44 - A -	Suite, Apt, #, etc.				4. FEI Number		ΙΔn	plied For
Suite, Apt.	#, etc.	⊢ '''				NOT APPLICABLE			t Applicable
22		City & State				1101711121011022		\$8.75	
City & State	0	28				5. Certifcate of Status Desired		Fee Re	
Zip	Country	Zip	Cour	ntry		6. Election Campaign Financin	g 🗆	\$5.00	May Be
25 29 30						Trust Fund Contribution		Added to Fees	
'	9. Name and Address of Curren	t Registered Agent				10. Name and Address of Nev	Registered	Agent	
			ł	81	Name				
SIMPSON, PAULA					Street Address (P.O. Box Number is Not Acceptable)				
139 LAMERAUX RD				82	Super Address (F.O. Box Nothber 19 1101 Acceptable)				
	AVEN FL 33884		Ī	83					
THITELET	INVENTE SOOOT			84	City			85 Zip (Code
				04	City		FL	_ 63 2.5 \	5046
office or n	to the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was tions of, Section 617.0503, Fl	authorized orida Statu	by ites.	the corporation	n's board of directors. I nereby act	pate	intment as re	gistered
12.	Signature, typed or printed name of registered ager	D DIRECTORS	13.	/ Upon 1	it signature required	ADDITIONS/CHANGES TO		ND DIRECTO	RS IN 12
TILE	PD	DELETE	1.1 TIT	1 F	1.2			Change	Addition
	HARLEY, ROY G.		1.2 NA			Joins 14. WOOD.	76		_
NAME	15657 WYATT ROAD				ADDRESS	907 STATEON	AVE		
STREET ADDRESS					i	Langhorne,	Pa.		
CITY-ST-ZIP	EAST CLEVELAND OH	☐ DELETE	1,4 CIT 2,1 TITI		1-212	4.0.40,		Change	☐ Addition
TITLE	A S D	, DECETE							
NAME	HUTSON, FRANK A. JR.	وي السهودات ال	22 NA		Thirings -				÷
STREET ADORESS	8 FAIRFIELDS DRIVE	• •			TADDRESS				
CITY-ST-ZIP	LITTLE COMPTON RI 02837	□ eci ete	2. 4 CF		ST-ZIP			Change	Addition
TITLE	D	☐ DELETE	3.1 TIT						[] Addition
NAME	HUTSON, JEAN MERRICK		3.2 NA						
STREET ADDRESS	8 FAIRFIELDS DRIVE		3.3 ST	REET	TADDRESS				
CITY-ST-ZIP	LITTLE COMPTON RI 02837	□ <u>ne</u> : c==	3.4. CI		T-ZIP			☐ Change	☐ Addition
TITLE	D	☐ DELETE	4.1 111		Ì			- Change	☐ waaaan
NAME	SMITH, LOIS		4. 2 N						
STREET ADDRESS	THE HEIGHTS APT #342C				TADDRESS				
CITY-ST-ZIP	HARTFORD CT	Dan	4.4 CIT	_	T-ZIP			Char	□ Addison
TITLE .	ALTO TO	☐ DELETE	5.1 TIT					Change	☐ Addition
NAME	SMITH, DONALD S.,JR.		5.2 NA						
STREET ADDRESS	THE HEIGHTS APT 342C				TADDRESS				
CITY-ST-ZIP	HARTFORD CT		5.4 CIT		T-ZIP			——————————————————————————————————————	
TITLE	10. TO. D.	☐ DELETE	6.1 TIT	ιE				Change	☐ Addition
NAME	WOOD, JEAN B.		6.2 NA	ME					
STDEET ANDDESS	907 STATION AVE		6.3 ST	REET	TADDRESS			•	

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 617. 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

LANGHORNE PA