


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90236 008 ****70.00

DOCUMENT # N44819 1. Entity Name ALVACATA APARTMENTS, INC.	
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Principal Place of Business 1601 S. HIGHLAND PARK DRIVE LAKE WALES FL 33853	Mailing Address 139 LAMERAUX RD WINTER HAVEN FL 33884 US
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54034993



MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1607 S. Highland Park Dr Suite, Apt. #, etc.
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City & State Lake Wales FL	4. FEI Number NO-T APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 33898	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SIMPSON, PAULA 139 LAMERAUX RD WINTER HAVEN FL 33884
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7. Name and Address of New Registered Agent Name Tingley, L. Richard Street Address (P.O. Box Number is Not Acceptable) 1607 S. Highland Park Dr. City Lake Wales FL Zip Code 33898

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 L. Richard Tingley <i>L. Richard Tingley</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)		DATE 4/14/04
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARLEY, ROY G. 15657 WYATT ROAD EAST CLEVELAND OH 44122 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WOOD, JOHN 807 STATION AVE LANGHORNE PA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WOOLVERTON, JOHN 40 SKINNER ST CENTER SANDWICH NH 03227 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TINGLEY, L RICHARD 1607 HIGHLAND PARK DR S LAKE WALES FL 33898 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1382 Newtown Langhorne Rd. Newton PA 18940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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.	
SIGNATURE: L. Richard Tingley, Treasurer <i>L. Richard Tingley</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4/14/04 DAYTIME PHONE # 863-679-1413