## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

## FILED **DOCUMENT # P00000002027** 1 Entity Name APOLLO POINTE APARTMENTS, INC. 04 APR -5 PM 2: 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 800 N. HIGHLAND AVE PO BOX 4961 STE. 200 ORLANDO, FL 32802-4961 ORLANDO, FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 02182004 Cha-P Applied For City & State 4. FEI Number City & State Not Applicable 58-2514395 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **B&C CORPORATE SERVICES OF CENTRAL FLA INC** Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVENUE SUITE 1100 ORLANDO, FL 32801 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10, 11. Change Addition TITLE □ Delete TITLE NAME KROPP, STEVEN G NAME STREET ADDRESS 800 N. HIGHLAND AVE, STE, 200 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-ZIP TITLE **VPS** ☐ Delete ☐ Change Addition CARLTON, CHARLES S NAME NAME 800 N. HIGHLAND AVE, STE. 200 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ORLANDO, FL 32803 **VPAS** Delete ☐ Change ☐ Addition TITLE TITLE MCKINNEY, EUGENE J NAME NAME STREET ADDRESS 800 N. HIGHLAND AVE, STE. 200 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE LAWLER, THOMAS P NAME NAME STREET ADDRESS 800 N. HIGHLAND AVE, STE. 200 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-ZIP TITLE VPT Change ☐ Delete TITLE ■ Addition WILLINER, DAVID M. NAME NAME STREET ADDRESS 800 N. HIGHLAND AVE, STE. 200 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-ZIP TITLE VΡ ☐ Delete Change Addition TITLE PEISNER, ERIC NAME STREET ADDRESS 800 N. HIGHLAND AVE, STE. 200 STREET ADDRESS CITY-ST-78P CITY-ST-ZIP ORLANDO, FL 32803 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 setting 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.