

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

9/11/2008-90002-045-\$150.00-\$150.00

FILED

2008 OCT -9 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09032008 No Chg-P CR2E034 (11/05)

DOCUMENT # P05000038873

1. Entity Name
HART HOUSE APARTMENTS, INC.



Principal Place of Business
7901 JOHNSON STREET
PEMBROKE PINES, FL 33027 US

Mailing Address
1509 NE 4 AVENUE
FT LAUDERDALE, FL 33304 US

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0618100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRICHTON, DANE
1509 NE 4 AVENUE
FT LAUDERDALE, FL 33304

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting)

DATE

9/24/08

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P.D
NAME	CRICHTON, DANE
STREET ADDRESS	1509 NE 4 AVENUE
CITY- ST- ZIP	FT LAUDERDALE, FL 33304

TITLE	
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CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/08

Day

Daytime Phone #