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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morkham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000040133 (9)

1. Corporation Name
NPI REALTY ADVISORS, INC.



Principal Place of Business

ONE INSIGNIA FINANCIAL PLAZA
CORP ACCOUNTING
GREENVILLE SC 29602
US

Mailing Address

P O BOX 1089
CORP ACCOUNTING
GREENVILLE SC 29602-1089
US

2. Principal Place of Business

21 One Insignia Financial Plaza
Suite, Apt. #, etc.

22 Corporate Accounting
City & State

23 Greenville, S.C.

24 Zip 29601 Country US

2a. Mailing Address

25 P.O. Box 1089
Suite, Apt. #, etc.

27 Corporate Accounting
City & State

28 Greenville, S.C.

29 Zip 29602-1089 Country US

3. Date Incorporated or Qualified
06/07/1993

3a. Date of Last Report
06/25/1996

4. FEI Number

58-2057181

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME JARRARD, WILLIAM H JR
STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA
CITY-ST-ZIP GREENVILLE SC

TITLE VPS ☐ DELETE

NAME LINES, JOHN K
STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA
CITY-ST-ZIP GREENVILLE SC

TITLE VPT ☐ DELETE

NAME URETTA, RONALD
STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA
CITY-ST-ZIP GREENVILLE SC

TITLE C ☐ DELETE

NAME LONG, MARTHA
STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA
CITY-ST-ZIP GREENVILLE SC

TITLE AS ☒ DELETE

NAME SECRETARY, KELLEY
STREET ADDRESS ONE INSIGNIA FINANCIAL PLAZA
CITY-ST-ZIP GREENVILLE SC

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

29601

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

SC 29601

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

29601

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

29601

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

AS Kelley M. Buechler
One Insignia Financial Plaza
Greenville, SC 29601

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature] 4/24/97 (864) 239-1138

CR2E034 (9/96)