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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9300074566

 Corporation 	Name	JJ.J		
PONDEROSA APARTMENT INVESTMENT CORP.				
. 0.152				
Principal Place of Business Mailing Address				
1850 TIMBERS WEST BLVD. 1850 TIMBERS WEST BLVD.				
ROCKLEDGE FL 32955 ROCKLEDGE FL 32955				
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				10/27/1993
2. Principal Pl	ace of Business	2a. Mailing Address		4. FE) Number Applied For
21		26		59-3208011 Not Applicable
Suite, Apt.	#, øtc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
22		City & State	 _	
City & State	9	├ ¬ '		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year Intangible
	25	29 3	~¬ ~	Personal Property Tax.
24	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registered Agent
	3. Name and Address of Carrent	g.u.u.y.gu.,.	81 Name	
FEINER, BALZ				INER BALL
1821 S				Address (P.O. Box Number is Not Acceptable) うし ゴル 名きにら W. るしい。
OFILANDO FL 32827 3			83	
			84 City	COCKLEDGE FL 85 Zip Code 32955
44 December 19 to the purpose of Castiana SOZ 0502 and SOZ 1509 Elegida Statutes the above named compration 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.				
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	a Statutes.	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Ri	egistered Agent signature r	required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 Tritle	☐ Change ☐ Addition
NAME I	FEINER, BALZ		1.2 NAME	
STREET ADDRESS	12343 NARCOOSEE RD ?		1.3 STREET ADDRESS	1850 TIMBERS WEST BLUD.
CITY-ST-ZIP	OPLANDO FL 32827		1.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	DVS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FEINER, THERESE		2.2 NAME	
STREET ADDRESS	1850 TIMBERS W BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955		2. 4 CITY-ST-ZIP	
TITLE	DVT	DELETE	3.1 TITLE	DVT
NAME	FEIN, FREDERICK L		3.2 NAME	VEITH, MAX PETER
STREET ADDRESS	1850 TIMBERS WEST BLVD.		3.3 STREET ADDRESS	OB DEN DORF
CITY-ST-ZIP	ROCKLEDGE FL 32955		3.4. CITY-ST-ZIP	4425 TITTERTEN/SWITZE RLAND
TITLE	DS	DELETE	4.1 TITLE	DS Addition
NAME	FEIN, RACHELLE		4. 2 NAME	VEITH, MADELEINE
STREET ADDRESS	1850 TIMBERS WEST BLVD.		4 3 STREET ADDRESS	,
CITY-ST-ZIP	ROCKLEDGE FL 32955		44 CITY-ST-ZIP	44 25 TITTERTEN/SUITZEIZLAND
TITLE		DELETE	5.1 TTLE	☐ Change ☐ Addition
NAME	,		5.2 NAME	}
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
1			■	1

CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 607, 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS