

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000013242

1. Entity Name
AFFORDABLE PROPERTIES, INC.



Principal Place of Business
**4101 ANDREWS AVENUE
SUITE 101
FT. LAUDERDALE, FL 33309 US**

Mailing Address
**4101 N ANDREWS AVENUE
SUITE #101
FT LAUDERDALE, FL 33309 US**



01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0468500

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VINCIK, RICHARD
4101 N ANDREWS AVE
#101
FT. LAUDERDALE, FL 33309**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
VINCIK, RICHARD A.
591 NW 45 CT
FORT LAUDERDALE, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BRADLEY, NANCY F.
1637 NE 3 AVENUE
FORT LAUDERDALE, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
VINCIK, SUSAN J.
591 NW 45 COURT
FORT LAUDERDALE, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 exemption stated in Section 19.07(3)(l), 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

Date

Daytime Phone #