

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000019071



1. Entity Name

KOGER REALTY & DEVELOPMENT, INC.

Principal Place of Business
8854 B SW 129 TERR
MIAMI FL 33176

Mailing Address
14631 SW 87 PL
PALMETTO BAY FL 33176-5931



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0559270

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

KOGER, ROBERT
14631 SW 87 PL
PALMETTO BAY FL 33176-8022

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 KOGER, ROBERT A 14631 SW 87 PL PALMETTO BAY FL 33176-8022 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | V VERNER, MICHELE 1039 QUINWOOD LANE MAITLAND FL 32751 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | V ROSS, JONATHAN L 8854 B SW 129 TERR MIAMI FL 33176-5931 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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03/28/07-80001-005 150.00

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

3/14/07 305-804-7060

Date

Daytime Phone #