

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # P95000029785 (9)

1. Corporation Name

DAVIE RESIDENTIAL ASSOCIATES, INC.

APPROVED
AND
FILED
95 FEB -7 AM 11:43
TALLAHASSEE, FLORIDA



Principal Place of Business

2002 GRANT ST
HOLLYWOOD FL 33020

Mailing Address

2002 GRANT ST
HOLLYWOOD FL 33020

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

GOTTLIEB, BRUCE M
125 N 46 AVE
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified

04/11/1995

3a. Date of Last Report

4. FEI Number

65-0118708

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

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 607.0507 and 607.1108, 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 607.0507, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Secretary of State

Signature of New Registered Agent or Secretary of State

Date

12. OFFICERS AND DIRECTORS

12a. Title

12b. Name

12c. Street Address

12d. City, St., Zip

12e. Title

12f. Name

12g. Street Address

12h. City, St., Zip

12i. Title

12j. Name

12k. Street Address

12l. City, St., Zip

12m. Title

12n. Name

12o. Street Address

12p. City, St., Zip

12q. Title

12r. Name

12s. Street Address

12t. City, St., Zip

12u. Title

12v. Name

12w. Street Address

12x. City, St., Zip

12y. Title

12z. Name

12aa. Street Address

12ab. City, St., Zip

12ac. Title

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. Title

13b. Name

13c. Street Address

13d. City, St., Zip

13e. Title

13f. Name

13g. Street Address

13h. City, St., Zip

13i. Title

13j. Name

13k. Street Address

13l. City, St., Zip

13m. Title

13n. Name

13o. Street Address

13p. City, St., Zip

13q. Title

13r. Name

13s. Street Address

13t. City, St., Zip

13u. Title

13v. Name

13w. Street Address

13x. City, St., Zip

13y. Title

13z. Name

13aa. Street Address

13ab. City, St., Zip

13ac. Title

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

000001710120
-02/08/96-01036-011
****200.00 ****200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or successor 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)