

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000030530 (6)

1. Corporation Name  
DINNER LAKE APARTMENTS, INC.



Principal Place of Business  
2818 SR 17 N  
SEBRING FL 33870

Mailing Address  
8081 COMMERCIAL BLVD.  
SEBRING FL 33870-6618

3. Date Incorporated or Qualified  
04/18/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business  
21 2800 SR 17 N  
Suite, Apt. #, etc.

2a. Mailing Address  
26  
Suite, Apt. #, etc.

4. FEI Number  
59-3308971

Applied For  
Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 25 29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURRAY, VALERIE N  
8081 COMMERCIAL BLVD.  
SEBRING FL 33870

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MURRAY, RICHARD A	
STREET ADDRESS	16 DIMAOND BAY DRIVE	
CITY - ST - ZIP	LAKE PLACID FL 33852-8954	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MURRAY, ROBERT S III	
STREET ADDRESS	16 DIMAOND BAY DRIVE	
CITY - ST - ZIP	LAKE PLACID FL 33852-8954	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MURRAY, HOPE D	
STREET ADDRESS	16 DIMAOND BAY DRIVE	
CITY - ST - ZIP	LAKE PLACID FL 33852-8954	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MURRAY, VALERIE N	
STREET ADDRESS	16 DIMAOND BAY DRIVE	
CITY - ST - ZIP	LAKE PLACID FL 33852-8954	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: Valerie N Murray (VALERIE N MURRAY) TWO 5/4/97 941-655-1119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)