

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P95000084238 (1)**

1. Corporation Name
WOODMERE APARTMENTS, INC.

FILED

97 JUN 25 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**899 W. CYPRESS CREEK ROAD
SUITE 812
FORT LAUDERDALE FL 33309
US**

Mailing Address
**899 W. CYPRESS CREEK ROAD
SUITE 812
FORT LAUDERDALE FL 33309-2065
US**

2. Principal Place of Business

21 **1600 GOLF RD.**

Suite, Apt. #, etc.

22 **SUITE 750**

City & State

23 **ROLLING MEADOWS, IL**

Zip

24 **60008**

Country

2a. Mailing Address

26 **1600 GOLF RD.**

Suite, Apt. #, etc.

27 **SUITE 750**

City & State

28 **ROLLING MEADOWS, IL**

Zip

29 **60008**

Country

9. Name and Address of Current Registered Agent

**MOMBACH, GEOFFREY S
500 E. BROWARD BLVD.
SUITE 1950
FORT LAUDERDALE FL 33394**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
11/02/1995

3a. Date of Last Report
06/21/1996

4. FEE Number **65-0649580**
APPLIED FOR

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **STARNES, BOB**
STREET ADDRESS **899 W. CYPRESS CREEK ROAD, SUITE 812**
CITY-ST-ZIP **FORT MYERS FL 33309**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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☐ Addition

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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.

CR2E034 (9/96)