


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90446 020 \*\*\*150.00

DOCUMENT # P95000095162 1. Entity Name YALE TOWNHOUSE APARTMENTS, INC.	
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Principal Place of Business <del>46 MINNEHAHA CIR.</del> <del>MAITLAND, FL 32751</del>	Mailing Address <del>46 MINNEHAHA CIR.</del> <del>MAITLAND, FL 32751</del>
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2. Principal Place of Business 9095 SW 87 Ave Suite 777 City & State Miami FL Zip 33176 Country USA	3. Mailing Address 9095 SW 87 Ave Suite 777 City & State Miami FL Zip 33176 Country USA
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02162006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3349698	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ZIMMERMAN, SCOTT 46 MINNEHAHA CIR. MAITLAND, FL 32751	7. Name and Address of New Registered Agent Name Syreie Oetiz Street Address (P.O. Box Number is Not Acceptable) 9095 SW 87 Avenue Suite 777 City Miami FL Zip Code 33176
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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 *Syrie Oetiz* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P</u> ZIMMERMAN, SCOTT 46 MINNEHAHA CIR. MAITLAND, FL 32751 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P</u> Joanne S. Mitchell 9095 SW 87 Avenue Suite 777 Miami, FL 33176 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Joanne Mitchell* 4/12/06 305-270-0870  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #