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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9600009081 1. Corporation Name

FILED Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90001 021 ***150.00

RESIDE	NTIAL REALTY, INC.			(100(100))IO 151(5 01(1 00(1 10))	0221 08310 (011) 0010: 10101 (101 0600
Principal Place	e of Business	Mailing Address			NIN OUND TOUS ORIGITORE TOUR ECOL
		500 WILLOW OAK CT NE		·	
PALM BAY FL 32907 PALM BAY FL 32907					UC 0040F
US		US		DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualifed	
				01/30/1996 4. FEI Number	Applied For
2. Principal P	lace of Business	2a. Mailing Address			Not Applicable
21		26 -		59-3357283	\$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible ☐Yes ☐No
24	25	29		Personal Property Tax. 10. Name and Address of New Register	
	9. Name and Address of Curre	nt Registered Agent	81 Name	IV. Haine and Address of New Register	
\ <i>M</i> /A7	TERMAN, SANDRA L				
	WILLOW OAK CT NE		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	M BAY FL 32907		83 -		
: I AL	III DATTE GEOOF		. "		
		, .	84 City		85 Zip Code
	5 Sections 607 05	ond 607 1608 Florida Statut	es the above-named o	corporation submits this statement for the purpose	of changing its registered
11. Pursuant	registered agent, or both, in the State	e of Florida. Such change was a	uthorized by the corpor	corporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	ppointment as registered.
US agent. La	am familiar with, and accept the oblig	ations of, Section 607.0505, Fig	onda Statutes.		1
SIGNATURE	Signature, typed or printed name of registered ag	not and title if applicable (NOTE	Registered Agent signature rec	nuired when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WATERMAN, SANDRA L		1.2 NAME	,	,
STREET ADDRESS	THE THE PART OF THE PART OF THE PART OF THE	E .	1.3 STREET ADDRESS		. ^ .
CITY-ST-ZIP	PALM BAY FL 32907	_	1.4 CITY-ST-ZIP		, -
TITLE	TACINI DATE CECOT	☐ DELETE	2.1 TITLE	•	☐ Change ☐ Addition
NAME			2.2 NAME		. 1 ± . €
STREET ADDRESS	, '		2.3 STREET ADDRESS		•
	1		2.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	3.1 TITLE		 .
NAME					Change Addition
STREET ADDRESS			3.2 NAME		, Change . Addition
CITY-ST-ZIP			3.2 NAME 3.3 STREET ADDRESS		Change Addition
TITLE			I i		
		☐ DELETE	3.3 STREET ADDRESS		Change Addition
ı	- 機能が終した。 - 大学 - 第2 (2013) 	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
NAME		☐ DELETE	3.3 STREET ADDRESS 3.4. CITY- ST- ZIP 4.1 TITLE		
NAME STREET ADDRESS		DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.3 STREET ADDRESS 3.4. CITY- ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.3 STREET ADDRESS 3.4. CITY- ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			3.3 STREET ADDRESS 3.4. CITY- ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST-ZIP 5.1 TITLE	<u> </u>	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY- ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST-ZIP 5.1 TITLE 5.2 NAME		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY- ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	3	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY- ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST-ZIP		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.3 STREET ADDRESS 3.4. CITY- ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST-ZIP 6.1 TITLE		Change Addition

14. I 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, with all other like empowered.