

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

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # P96000016114 (6)

1. Corporation Name

FLAGLER APARTMENTS CORP.

Principal Place of Business

11 GATEHOUSE RD
SEA RANCH LAKES FL 33308

Mailing Address

11 GATEHOUSE RD
SEA RANCH LAKES FL 33308-2942



3. Date Incorporated or Qualified

02/16/1996

3a. Date of Last Report

2. Principal Place of Business

21 1988 W. TERRA MAR DR

Suite, Apt. #, etc.

22 City & State

23 POMPANO BEACH, FL

24 Zip

33062

Country

25 U.S.A.

2a. Mailing Address

26 1988 W. TERRA MAR DR.

Suite, Apt. #, etc.

27 City & State

28 POMPANO BEACH, FL

29 Zip

33062

Country

30 U.S.A.

4. FEI Number

65-0645129

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

9. Name and Address of Current Registered Agent

HCRM CORP.

2200 CORPORATE BLVD, NW, SUITE 401
BOCA RATON FL 33431

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 607.0502 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]

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 ☐ DELETE

NAME D
GASTON, MICHAEL F
STREET ADDRESS 11 GATEHOUSE RD
CITY-ST-ZIP SEA RANCH LAKES FL 33308

TITLE ☐ DELETE

NAME D
GASTON, LYDIA A
STREET ADDRESS 11 GATEHOUSE RD
CITY-ST-ZIP SEA RANCH LAKES FL 33308

TITLE ☐ DELETE

NAME D
KUCHNIK, JAN
STREET ADDRESS 1988 W TERRAMAR DRIVE
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 *[Signature]* JAN KUCHNIK

CR2E034 (9/96)