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Apr 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000041487 (5)**

1. Corporation Name

**THE HATTERAS APARTMENTS, INC.**



Principal Place of Business

**503 SE 20TH AVENUE  
BOYNTON BEACH FL 33435**

Mailing Address

**503 SE 20TH AVENUE  
BOYNTON BEACH FL 33435-7271**

3. Date Incorporated or Qualified

**05/13/1996**

3a. Date of Last Report

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** **2337 GOLFBROOK DRIVE**

Suite, Apt. #, etc.

**27** City & State

**28** **WELLINGTON, FL**

**29** Zip

**33414**

**30** Country

4. FEI Number

**65-0685159**

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

**KREILING, EDWARD P  
1625 N COMMERCE PARKWAY  
SUITE 225  
FORT LAUDERDALE FL 33326**

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **P**  
1.3 STREET ADDRESS **PAUL ROSEN**  
1.4 CITY-ST-ZIP **2337 GOLFBROOK DRIVE**  
**WELLINGTON, FL 33414**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME **V**  
2.3 STREET ADDRESS **PHYLLIS ROSEN**  
2.4 CITY-ST-ZIP **2337 GOLFBROOK DRIVE**  
**WELLINGTON, FL 33414**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME **S F T**  
3.3 STREET ADDRESS **MARY ZALDIVAR**  
3.4 CITY-ST-ZIP **13301 SW 72 AVENUE**  
**MIAMI, FL 33156**

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**PAUL ROSEN 3-4-97 561-790-5958**

CR2E034 (9/96)