

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

FILED  
Mar 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P96000041487 (5)

1. Corporation Name

THE HATTERAS APARTMENTS, INC.

Principal Place of Business

503 SE 20TH AVENUE  
BOYNTON BEACH FL 33435

Mailing Address

2337 GOLFBROOK DR.  
WELLINGTON FL 33414  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 3460 FAIRLANE FARMS RD.

27 SUITE #13

28 WELLINGTON FL

g. Name and Address of Current Registered Agent

KREILING, EDWARD P  
1825 N COMMERCE PARKWAY  
SUITE 225  
FORT LAUDERDALE FL 33320

3. Date Incorporated or Qualified

05/13/1996

4. FEI Number

65-0685159

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

2500 WESTON ROAD

83 SUITE 220

84 City WESTON

FL

85 Zip Code 33326

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/6/98

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ROSEN, PAUL  
STREET ADDRESS 2337 GOLFBROOK DR  
CITY-ST-ZIP WELLINGTON FL

TITLE V ☐ DELETE

NAME ROSEN, PHYLLIS  
STREET ADDRESS 2337 GOLFBROOK DR.  
CITY-ST-ZIP WELLINGTON FL

TITLE ST ☐ DELETE

NAME ZALDIVAR, MARY,  
STREET ADDRESS 13301 SW 72 AVE  
CITY-ST-ZIP MIAMI FL

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 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, typed or printed name of signing officer or director

Paul ROSEN PAUL ROSEN 2-16-98 561-790-7453

CR2E034 (10/97)