

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000047978

1. Entity Name
LAMANCHA APARTMENTS, INC.



FILED
Feb 07, 2005 08:00 AM
Secretary of State

Principal Place of Business
914 SW 8TH AVE.
GAINESVILLE, FL 32601 US

Mailing Address
5111 OCEAN BLVD
C
SARASOTA, FL 34242 US



DO NOT WRITE IN THIS SPACE

01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3397830

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HYMAN, ROZ
5111 OCEAN BLVD
SUITE C
SARASOTA, FL 34242

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SILVERSTEIN, BARRY
5111 C OCEAN BLVD
SARASOTA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
SCHIAVO, MARJORY
5111 C OCEAN BLVD
SARASOTA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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02/07/05-80005-010 150.00

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
MARJORY SCHIAVO

2/3/05

Date

941-349-2770

Daytime Phone #