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

→ PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P96000087402 1. Corporation Name

ESKO AFFORDABLE HOUSING, INC.

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90014 030 \*\*\*150.00



		<del></del>	<del> </del>						
Principal Place of Business Mailing Address									
305 POINCIANA PLAZA 305 POINCIANA PLAZA									
PALM BEACH FL 33480 PALM BEACH FL 33480						DO NOT WRITE IN THIS SPACE			
					Ì	3. Date Incorporated or Qualifed			
1						10/23/1996			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	A	Applied For	
21 340 R	loual Holniciana Way	26 340 ROYAL YO	NCIA	NA N	JAU	<b>65-</b> 07 10735	1	loi Applicable	
Suite, Apt.		Suite, Apt. #, etc.			- <b>-1</b> -1		8.75	Additional	
22 Suite 305 27 Suite 305						5. Certificate of Status Desired	Fee F	Re juired	
City & State City & State						6. Electic n Campaign Financing	\$5.00	D Vlay Be	
23 YALM BEACH, FLORIDA 28 PALM BEACH, FI				RIDA	<u> </u>	Trust Fund Contribution	Addec	i to Fees	
ZiD	Country	Zip	Country			8. This corporation owes the current year Intang	ible	_	
24 3348	O 25	29 33480 30				1 Older all 7 Topoley 7 am	Yes	N₀	
	9. Name and Address of Curren: f	Registered Agent		Name		10. Name and Address of New Registered Age	ent		
HAMLIN, CURTIS D 1205 MANATEE AVE. WEST BRADENTON FL 34205				Street A	Aildres	is (P.O. Bo:: Number is Not Acceptable)			
			84	City			35 Zip	o C ode	
			0-4	City		FL			
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 recistered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed n; me of registered agen a	and title if applicable (NOTE. Reg	istered Ager	t signature re	eq iired w	hen reinstatung. DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND I	DIRECT	O RS IN 12	
TITLE	Р	☐ DELETE	1.1 TITLE			2	Change	e ☐ Addition	
NAME	KOHL, SIDNEY		1.2 NAME				_	22	
STREET ADDRESS	305 ROYAL POINCIANA PLAZA		1.3 STREET	ADDRESS	3340	ROYAL POINCIANA WAY	5	WITE 305	
CITY-ST-ZIP	PALM BEACH FL		1.4 CITY-S	· ·	TAL	M BEACH, FLOQUDA 3348	٥		
TITLE	VPS	☐ DELETE	2.1 TITLE			<u> </u>	Change	Addition	
NAME	JENKINS, JAMES C.		2.2 NAME	Ì					
STREET ADDRESS	JENNINO, JANES C.		2.3 STREE	STREET ADDRESS 340		O ROYAL POINCIANA WAY —SLITE 305			
CITY-ST-ZIP	PALM BEACH FL		2 4 CITY-S			M BEACH, FLOQIDA 331			
TITLE	VP	☐ DELETE	3 1 TITLE				] Change	Addition	
NAME	NORTON, NANETTE K.	•	32 NAME			_			
STREET ADDRESS			3.3 STREET	ADDRESS	<b>-3</b> Li	O ROYAL POINCIANA WA	4-6	Suite 305	
CITY-ST-ZIP	PALM BEACH FL	ļ	3.4. CITY- S	T-ZIP	130	M BEACH, FLORIDA 33	430	)	
TITLE	VPT	☐ DELETE	4.1 TITLE		<u> </u>	<u>,                                    </u>	Change		
NAME	LEVIN, JAMES S		4. 2 NAME			0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_		
STREET ADDRESS			4.3 STREE	ADDRESS	340	o Royal Poinciana way	- <del>D</del> U	116 305	
CITY-ST-ZIP	*****	1	4.4 CITY-S	T- <i>Ž</i> IP	Pa	M BEACH, FLORIDA 3349	30		
TITLE	PALM BEACH FL	☐ DELETE	5.1 TITLE		, <del>, , ,</del>		] Change	e Addition	
NAME		_	5.2 NAME	ļ					
STREET ADDRESS			53 STREET	ADDRESS					
1			5.4 CITY-S	1				Į	
CITY-ST-ZIP		□ DELETE -	6.1 TITLE		<b> </b>		] Change	e 🔲 Addition	
NAME			6.2 NAME				•	1	
ĺ			6.3 STREE	ADDRESS					
STREET ADDRESS			6.4 CITY-S					i	
CITY-ST-7IP	i		v. + 0111110		ı			1	

14. I heret y certify that the information supplied with this filling 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-833-5050