

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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90208 048 \*\*\*150.00

DOCUMENT # P97000104019

1. Corporation Name

PASADENA AT DILLMAN FARMS, INC.

Principal Place of Business

1000 N. HIATUS ROAD  
SUITE 100  
PEMBROKE PINES FL 33026  
US

Mailing Address

1000 N. HIATUS ROAD  
SUITE 100  
PEMBROKE PINES FL 33026  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1997

4. FEI Number

65-0797977

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

E.H.G. RESIDENT AGENTS, INC.  
5100 TOWN CENTER CIRCLE STE. 330  
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name

ADOLPH J. BERGER

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

1000 N. HIATUS RD

83

SUITE 100

84 City

PEMBROKE PINES

FL

85 Zip Code  
33026

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, 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

*Adolph J. Berger* VICE PRES

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/99

12. OFFICERS AND DIRECTORS

TITLE VPST ☐ DELETE  
NAME BERGER, ADOLPH J  
STREET ADDRESS 1000 N. HIATUS RD., SUITE 100  
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE VPAS ☐ DELETE  
NAME MILLER, LEONARD  
STREET ADDRESS 1000 N. HIATUS RD, SUITE 100  
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE P ☐ DELETE  
NAME MILLER, ROBERT  
STREET ADDRESS 1000 N. HIATUS RD, SUITE 100  
CITY-ST-ZIP PEMBROKE PINES FL 33026

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, with all other like empowered.

SIGNATURE: (X)

*Adolph J. Berger* VICE PRES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0147072

CR2E034 (11/98)