

PROFIT  
CORPORATION  
ANNUAL REPORT  
2000



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90083 001 \*\*\*150.00

**DOCUMENT # P97000108695**

1. Corporation Name

**AMERICAN PROPERTY MANAGEMENT OF FLORIDA, INC.**

Principal Place of Business

15363 SW 54TH ST  
MIAMI FL 33185

Mailing Address

15363 SW 54TH ST  
MIAMI FL 33185

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1997

4. FEI Number

65-0925153

Applied For

Not Applicable

2. Principal Place of Business

21 5863 NW 123rd Ave

2a. Mailing Address

28 5863 NW 123rd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Coral Springs FL

28 Coral Springs, FL

Zip

Country

Zip

Country

24 33076

25 Broward

29 33076

30 Broward

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

9. Name and Address of Current Registered Agent

HERGERT, ROBERT L  
15363 SW 54TH ST  
MIAMI FL 33185

10. Name and Address of New Registered Agent

81 Name

Lindenberg, Scott

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

5863 NW 123rd Avenue

83

84 City

Coral Springs

FL

85 Zip Code

33076

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits the 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 registering)

4/10/00  
DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PT

NAME LINDENBERG, SCOTT

STREET ADDRESS 11540 NW 56th Drive

CITY-ST-ZIP Coral Springs, FL 33076

TITLE VPS

NAME SPECTOR PULLOS, ROXANNE

STREET ADDRESS 333 NEW MILLS COURT

CITY-ST-ZIP SCHAMBURG IL 60193

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS 5863 NW 123rd Avenue

14 CITY-ST-ZIP Coral Springs, FL 33076

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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, unchanged, or on an amendment with an address with another like empowered.

SIGNATURE:

Signature typed or printed name of signing officer or director

Scott A. Lindenberg

4/10/00  
Date

(954) 227-3276  
Daytime Phone #