

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000002763

1. Entity Name

EL CAMINO VILLAGE APARTMENTS INC.



Principal Place of Business

621 SUMTER CT
WINTER SPRINGS FL 32708

Mailing Address

621 SUMTER CT
WINTER SPRINGS FL 32708



1st MOORE

CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3488378

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, DAVID
621 SUMTER CT
WINTER SPRINGS FL 32708

Name

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

City

FL

Zip Code

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, typed or printed name of authorized agent and title, if applicable

(NOTE: Registered Agent's signature required when both changing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	MITCHELL, DAVID	
STREET ADDRESS	621 SUMTER CT	
CITY- ST- ZIP	WINTER SPRINGS FL 32708	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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05/29/08-80031-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08

407-299-5944

Line

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