

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**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90040 047 \*\*\*158.75

**DOCUMENT # P98000011918**

1. Corporation Name

**DADELAND GARDENS APARTMENTS, INC.**

Principal Place of Business

**14425 COUNTRY WALK DRIVE  
MIAMI FL 33186**

Mailing Address

**14425 COUNTRY WALK DRIVE  
MIAMI FL 33186**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/05/1998**

4. FEI Number

☒ 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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRIS, ELLIOTT  
SIXTH FLOOR MCCORMICK BLDG  
111 SW 3RD STREET  
MIAMI FL 33130**

81 Name

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

83

84 City

**FL**

85 Zip Code

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 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD  
GARCIA-CARRILLO, PEDRO**  
STREET ADDRESS **14425 COUNTRY WALK DRIVE**  
CITY-ST-ZIP **MIAMI FL 33186**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **S  
HARRIS, ELLIOTT**  
STREET ADDRESS **111 SW 3RD STREET SIXTH FLOOR**  
CITY-ST-ZIP **MIAMI FL 33130**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Secretary**

Date

**2/24/99 (305) 358-0146**

Daytime Phone #

CR2E034 (1/98)

0265643