

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000013849

1. Entity Name
PICERNE MEADOW RIDGE SENIOR APARTMENTS
ASSOCIATES, INC.



Principal Place of Business
247 NORTH WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714

Mailing Address
247 NORTH WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714



04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3492281

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COSTOLO, W. TERRY
215 NORTH EOLA DR.
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000141256
04/30/04-80004-007 150.00

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME PICERNE, ROBERT M
STREET ADDRESS 247 NORTH WESTMONTE DR.
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE VP
NAME WALKER, DWAYNE
STREET ADDRESS 247 N WESTMONTE DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE VPS
NAME ERICH, JACK W
STREET ADDRESS 247 N WESTMONTE DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04
Date

Daytime Phone #