## 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

## DOCUMENT # P98000039173

1. Corporation Name

TOLEDO CLUB APARTMENTS, INC.

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90074 050 \*\*\*150.00

1 100 (100 01 111		 B 16181 (1811 18688 (111 1861
		<b> </b>

Principal Place	e of Business	Mailing Add	dress				1 120(120) 112 (8) 81 (9) (4)	40111 SELV ESIE!	,,,, , p. m. // /			
6324 N CRANB	ERRY BLVD		NBERRY BLVD									
NORTH PORT FL 34286 NORTH PORT FL 34286							DO NOT W	DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualif					
							04/29/1998					
2. Principal P	lace of Business	2a. Mailing	Address				4. FEI Number	- 4		Applied For		
21		26					59-35473	<u> 36</u>		Not Applicable		
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.				5. Certifcate of Status Desired		• -	Additional Required		
Gity & Stat	e,—- & c,- /	28 City & S	State	~			6. Election Campaign Financin Trust Fund Contribution	g		<b>0</b> May Be d to Fees		
Zip	Country	Zip		Cour	itry		8. This corporation owes the c	urrent year In	tangible			
24	25	29		30			Personal Property Tax.	<u> </u>	Yes	□No		
	9. Name and Address of Cu	rrent Registered A	gent				10. Name and Address of New	v Registered	Agent			
B.F	TANK DATE				81	Name						
	'LICH, PAUL ICARD-MERRILL P.A.			ļ	82	Street Address (P.O. Box Number is Not Acceptable)						
	B MAIN ST, SUIE 600			}	83							
	ASOTA FL 34230			1								
1					84	City .		Fl	_ \	p Code		
office or r	to the provisions of Sections 607 egistered agent, or both, in the Sim familiar with, and accept the ob	iste of Florida Such	change was a	utnonzea	DV I	me comur	orporation submits this statement for tation's board of directors. I hereby ac	he purpose o cept the appo	f changing pintment as	its registered registered		
SIGNATURE												
	Signature, typed or printed name of registered		. (NOTE		Agent	signature req	uired when reinstating)	DATE DECICERS A	ND DIBEO	TODS IN 12		
12.	OFFICERS	AND DIRECTORS	☐ DELETE	13.			ADDITIONS/CHANGES TO	JEFICERS A	ND DIREC ☐ Chang			
TITLE			□ pere ie	1.1 TIT		1	LOSSIC CASIONS			- المالي		
NAME				1.2 NA		ADDRESS	LARRY C. Greiggs 6324 n. Cranber	Eles Br	1v4			
STREET ADDRESS							NorthPort FL	3428	(0			
CITY-ST-ZIP			DELETE	1.4 CIT		-219	DESTINACE, FL	UHCO	☐ Chang	e [] Additi		
TITLE				2.1 III 2.2 NA		1				. <u>.</u>		
NAME						ADDRESS						
STREET ADDRESS				2.3 ST								
CITY-ST-ZIP			DELETE	2. 4 CI		1-215			Chang	e 🔲 Additi		
NAME	Ì			3.2 NA					•			
STREET ADDRESS				,		ADDRESS						
CITY-ST-ZIP				3.4. Cſ								
TITLE			DELETE	4.1 TIT		+			Chang	e Additi		
NAME				4.2 N	ΜE							
STREET ADDRESS				1		ADDRESS						
CITY-ST-ZIP				4.4 CIT								
TITLE			DELETE	5.1 TIT					Chang	ge 🔲 Additi		
NAME	,			5.2 NA	ME							
STREET ADDRESS				5.3 ST	REET	ADDRESS						
CITY-ST-ZIP				5.4 CIT		ł						
TITLE			DELETE	6.1 TIT		- 1			Chang	ge Additi		
NAME			•	6.2 NA	ME							
STREET ADDRESS				1		ADDRESS						
CITY-ST-ZIP	l .			6.4 CJT		ſ						

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