PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State

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BOSCH	TROPICAL GARDEN APA	ARTMENTS, INC.						
Principal Plac	ce of Business	Mailing Address				f ibbiten; iff iben reite marte dazu abere n	Ailf IMAN SAUGE FIRST	(1) (M) (M) (1) (M) (M)
	PE CORAL PARKWAY, UNIT 2	621 EAST CAPE CAPE CORAL FL		(way. Unii	T 2	DO NOT WRITE IN T	HIS SPACE	
	·					3. Date Incorporated or Qualifed		
		TA- 44-W 411				08/31/1998 4. FEI Number		plied For
2. Principal (Place of Business	2a. Mailing Addi	ress			65-0871042	No	t Applicable
Suite, Apt	#, etc.	' Suite, Apt:#	etc.			5. Certificate of Status Desired	\$8.75 / Fee Re	
City & Sta	ute	City & State				- 5 Election Campaign Financing	\$5.00	May Be
23	ing a second control of the control	28		_		Trust Fund Contribution	Added t	
Zip	Country	Zip		Country		8. This corporation owes the current year		_
24	25	29	30)		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Cur	rrent Registered Agent			·	10. Name and Address of New Register	red Ageni	
1 4 1	DOCCO DOBERT I			81	.Name			1
	rocco, robert j) H.S. Blair 7 Associates, i	INC.		82	Street Addr	ress (P.O. Box Number Is Not Acceptable)		
150	5 S.E. 40TH STREET, STE. C		83					
CA	PE CORAL FL 33904			84	City		85 Zip (Code
					l			registered
i II. Pursuani			Ida Statutae 4	the phose		poration submits this statement for the numose	e of chancing its	
	•	0502 and 607,1508, Flori late of Florida. Such char oligations of, Section 607.	ida Statutes, i nge was autho 0505, Florica	the above orized by Statutes.	named corp the corporation	portition submits this statement for the purpost on's board of directors. I hereby accept the ap	e of changing its opointment as re	gislered
office or agent. I SIGNATURE	•			•		id when reinstating) DATE		
	Signature, typed or printed name of registered			•			S AND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable.		gistered Agent		id when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registered OFFICERS OPST BOSCH, STEPHAN	egent and little if applicable. S AND DIRECTORS	(NOTE: Reg	pistered Agent		id when reinstating) DATE	S AND DIRECTO	RS IN 12
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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 eath that I am an officer or director of the corporation or the reseiver 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 an an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PERFECT NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99 941-540-1240