

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S12453

(4)

1. Corporation Name

NPI REALTY MANAGEMENT CORP.

Principal Place of Business

ONE INSIGNIA FINANCIAL PLAZA  
CORP ACCOUNTING  
GREENVILLE SC 29602  
US

Mailing Address

P O BOX 1089  
CORP ACCOUNTING  
GREENVILLE SC 29602-1089  
US



2. Principal Place of Business

21 One Insignia Financial Plaza

Suite, Apt. #, etc.

22 Corporate Accounting

City & State

23 Greenville, SC

24 29601

Country

25 US

2a. Mailing Address

26 P.O. Box 1089

Suite, Apt. #, etc.

27 Corporate Accounting

City & State

28 Greenville, S.C.

29 29602-1089

Country

30 US

3. Date Incorporated or Qualified

11/13/1990

3a. Date of Last Report

06/25/1996

4. FEI Number

65-0228173

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE

DP  
JARRARD, WILLIAM H JR  
ONE INSIGNIA FINANCIAL PLAZA  
GREENVILLE SC

☐ DELETE

TITLE

VPS  
LINES, JOHN K  
ONE INSIGNIA FINANCIAL PLAZA  
GREENVILLE SC

☐ DELETE

TITLE

VPT  
URETTA, RONALD  
ONE INSIGNIA FINANCIAL PLAZA  
GREENVILLE SC

☐ DELETE

TITLE

C  
LONG MARTHA  
ONE INSIGNIA FINANCIAL PLAZA  
GREENVILLE SC

☐ DELETE

TITLE

AS  
BUECHLER, KELLEY  
ONE INSIGNIA FINANCIAL PLAZA  
GREENVILLE SC

☐ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 supplementary 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.

SIGNATURE:

John M. Buechler, Jr. 4/21/97 (864) 239-1138

CR2E034 (9/96)