

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90042 028 ***150.00

DOCUMENT # S94558					
1. Entity Name TL APARTMENTS, INC.					
Principal Place of Business 120 E PALMETTO PARK RD STE 100 BOCA RATON, FL 33432 US			Mailing Address 10718 KIRKALDY LANE BOCA RATON, FL 33498 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 65-0315291				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LICHTMAN, JONATHAN J PA 120 E PALMETTO PARK RD SUITE 100 BOCA RATON, FL 33432-0000				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 resigning) DATE _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00					
9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	DPT	☐ Delete			
NAME	LICHTMAN, JONATHAN J				
STREET ADDRESS	10718 KIRKALDY LANE				
CITY-ST-ZIP	BOCA RATON, FL 33498				
TITLE	DVPS	☐ Delete			
NAME	NASS, ROBERT A				
STREET ADDRESS	PO BOX 342				
CITY-ST-ZIP	REINHOLDS, PA 17509				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	DP	☒ Change ☐ Addition			
NAME	Lichtman, Jonathan J.				
STREET ADDRESS	10718 Kirkaldy Lane				
CITY-ST-ZIP	Boca Raton, FL 33498				
TITLE	DVPTS	☒ Change ☐ Addition			
NAME	Nass, Robert A.				
STREET ADDRESS	P. O. Box 244				
CITY-ST-ZIP	Deland, FL 32724				
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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					
Date _____ Daytime Phone # _____					