

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JAMES H. MATHIAS
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAY -1 AM 10:09

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(2)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HIGHLAND APARTMENTS OF SARASOTA, INC.

DO NOT WRITE IN THIS SPACE

Principal Office Location		Mailing Address	
960 HIGHLAND DR SARASOTA FL 34234 US		109 GULF BREEZE BLVD VENICE FL 34293-7207 US	
2. Principal Office of pay taxes	2a. Mailing Address	4. FFI Number	3b. Date of Last Report
21	26	65-0363914	10/01/1992
22. State Apt. #	27. State Apt. #	5. Certificate of Status Desired	3c. Date of Last Report
22	27	☐ \$8.75 Additional Fee Required	05/01/1994
23. City & State	28. City & State	6. Election Campaign Financing	
23	28	6.1 Election Campaign Financing	\$5.00 May Be Added to Fees
24. City	25. State	29. City	30. State
24	25	29	30

9. Name and Address of Current Registered Agent

DOVER, EDWARD
109 GULF BREEZE BLVD.
VENICE FL 34293

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address, P.O. Box Number, Not Acceptable	
83.	
84. City	FL

11. This report is the responsibility of Secretary of State and the Florida Statutes. The person named corporation submits this statement for the purpose of changing its registered office of record, agent of record, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby, accept the appointment as registered agent. I am

SIGNATURE

Edward Dover, Pres.

05/01/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	DOVER, EDWARD 109 GULF BREEZE BLVD. VENICE FL	NAME	
ADDRESS		ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
ADDRESS		ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
ADDRESS		ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
ADDRESS		ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	

14. I, the undersigned, certify that the information supplied with this form is a true and correct statement of the facts and that the corporation has taken the necessary steps to effect the change of record office of record, agent of record, or both, in the State of Florida. I am

SIGNATURE:

Edward Dover, Pres.

05/01/95

SIGNATURE AND TYPE OF OFFICIAL OF SIGNING OFFICER OR DIRECTOR