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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Jan 28, 1999 8:00am

Secretary of State

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Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H92961

SOUTHEAST CONDOMINIUM MANAGEMENT, INC.

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|---|--|--|--|--|--|---|----------------------------------|
| Principal Plac | e of Business | . Mailing Address | | | | A BRIDI SIBI DIBN DIDN GEDI | A BYRTH RIBIN BYRYN 1881 |
| 2085 UNIVERSITY DR. CORAL SPRINGS FL 33071 US 2085 UNIVERSITY DR. CORAL SPRINGS FL 33071 US | | | | | DO NOT IN | IDITE IN THIS SOAC | |
| . 00 | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | |
| | • | · | | - | 01/06/1986 | | 400 |
| Principal Place of Business 2a, Mailing Address | | | | 4, FEI Number | | Applied For | |
| 21 | | 26 | | | 59-2647916 | | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | 1 1 1 | 75 Additional |
| City & Stat | | City & State | | | 1 File 7 G. (22.6) House | | ee Required |
| 23 | | 28 | | | Election Campaign Financir Trust Fund Contribution | 7 1 | .00 May Be ided to Fees |
| Zip | Country | Zip | Country | · | 8. This corporation owes the c | | |
| 24 | 25 | 29 | 30 | _ | Personal Property Tax. | Ye | (|
| | 9. Name and Address of Curr | ent Registered Agent | | | 10. Name and Address of New | w Registered Agent | |
| CHIA | ARENZA, CAROLYN J | • 4 . | 81 | Name | • | | ì |
| | UNIVERSITY DR | 是在连续1000000000000000000000000000000000000 | 82 | Street Add | dress (P.O. Box Number is Not Acce | eptable) | |
| | RAL SPRINGS FL 33071 | | 83 | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | | Here to an area. |
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| | | | 84 | City | | FL 85 | Zip Code |
| | | No. 14 Carlot Ca | | | man diam probable this state and for a | | no its registered |
| 11. Pursuant | to the provisions of Sections 607.0 | 502 and 607.1508, Florida Statut | es, the above | e-named cor | rporation submits this statement for t | no purpose or onungi | ilg ito registered |
| 11. Pursuant | to the provisions of Sections 607.0 registered agent, or both, in the Sta | te of Florida. Such change was a | uthorized by | the corporat | tion's board of directors. I hereby ac | cept the appointment | as registered |
| office or nagent. I a | to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obli | te of Florida. Such change was a | uthorized by | the corporat | iporation submits this statement for t tion's board of directors. I hereby ac | cept the appointment | as registered |
| 11. Pursuant office or n agent. I a SIGNATURE | registered agent, or both, in the Sta im familiar with, and accept the obli Signature, typed or printed name of registered a | te of Florida. Such change was a gations of, Section 607.0505, Flo | uthorized by orida Statutes Registered Age | the corporat | red when reinstating); | CEPT THE APPOINTMENT | as registered |
| 11. Pursuant office or n agent. I a SIGNATURE | registered agent, or both, in the Sta im familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS | te of Florida. Such change was a gations of, Section 607.0505, Flo gent and title if applicable. (NOTE AND DIRECTORS | enthorized by prida Statutes Registered Agents | the corporat | tion's board of directors. I hereby ac | DATE DEFICERS AND DIRE | as registered CTORS IN 12 |
| 11. Pursuant office or n agent. I a SIGNATURE | registered agent, or both, in the Sta im familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS A | te of Florida. Such change was a gations of, Section 607.0505, Flo | : Registered Ages 13. | the corporat | red when reinstating); | CEPT THE APPOINTMENT | as registered CTORS IN 12 |
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CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE: