

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -1 PM 12:13

DOCUMENT # 706507

(1)

1. Corporation Name

SOUTH EAST ISLANDER APARTMENTS, INC.

Principal Place of Business

1525 S.E. 15TH ST.  
FT. LAUDERDALE FL 33316

Mailing Address

1525 S.E. 15TH ST.  
FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1963

3a. Date of Last Report

01/24/1994

4. FBI Number

59-1032059

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☐ \$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

SCOTTEN, MEREDITH V  
1525 SE 15TH ST. APT. 23  
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

BOYER, BUDDY

82 Street Address (P.O. Box Number is Not Acceptable)

1525 S.E. 15th St. #4

83

84 City

FT LAUDERDALE

FL

85 Zip Code

33316

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 BUDDY BOYER PD

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

PD

NAME

SCOTTEN, MEREDITH V

STREET ADDRESS

1525 S.E. 15 ST. APT. 23

CITY-ST-ZIP

FT. LAUDERDALE FL 33316

TITLE

VD

NAME

TORTORA, RALPH

STREET ADDRESS

1525 E 15 ST #24

CITY-ST-ZIP

FT LAUDERDALE FL

TITLE

STD

NAME

WALDBAUER, LINDA

STREET ADDRESS

1525 SE 15 ST #28

CITY-ST-ZIP

FT LAUDERDALE FL

TITLE

VD

NAME

BOYER, BUDDY

STREET ADDRESS

1525 SE 15TH ST #6

CITY-ST-ZIP

FT LAUDERDALE FL

TITLE

STD

NAME

SORRENTINO, LOUISE

STREET ADDRESS

1525 SE 15TH ST #27

CITY-ST-ZIP

FT LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

1.2 NAME

BOYER, BUDDY

☒ Change ☐ Addition

1.3 STREET ADDRESS

1525 S.E. 15 ST. #4

1.4 CITY-ST-ZIP

FT LAUDERDALE, FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

VD

YOKELY, KENT

1525 S.E. 15th St. #28

FT LAUDERDALE, FL

☐ Change ☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

STD

COOPER, FRANK

1525 S.E. 15TH ST. #1

FT LAUDERDALE, FL

☐ Change ☒ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 person or persons empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: BUDDY BOYER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed