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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **706507** (1)

1. Corporation Name

SOUTH EAST ISLANDER APARTMENTS, INC.

Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

12/04/1963

4. FEI Number

59-1032059

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOYER, BUDDY
1525 SE 15 ST #4
FT LAUDERDALE FL 33316**

81 Name **YOKLEY, KENT**

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

1525 S.E. 15TH STREET, #28

83

84 City **FORT LAUDERDALE, FL**

85 Zip Code **33316**

11. Pursuant to the provisions of Sections 617.0502 and 617.1598, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

YOKLEY, KENT, PD

1-2-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	-PD-	<input type="checkbox"/> DELETE
NAME	-BOYER, BUDDY-	
STREET ADDRESS	-1525 SE 15 ST #4-	
CITY-ST-ZIP	-FT. LAUDERDALE FL-	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	YOKLEY, KENT	
1.3 STREET ADDRESS	1525 S.E. 15 ST. #28	
1.4 CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCOTTEN, MEREDITH	
STREET ADDRESS	1525 S.E. 15TH ST. #23	
CITY-ST-ZIP	FT. LAUDERDALE FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	STD	<input type="checkbox"/> DELETE
NAME	KELLEY, SHERIE	
STREET ADDRESS	1525 S.E. 15TH ST. #24	
CITY-ST-ZIP	FT. LAUDERDALE FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	-VD-	<input type="checkbox"/> DELETE
NAME	-YOKLEY, KENT-	
STREET ADDRESS	-1525 SE 15 ST #28-	DELETE
CITY-ST-ZIP	-FT LAUDERDALE FL-	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	STD	<input type="checkbox"/> DELETE
NAME	COOPER, FRANK	
STREET ADDRESS	1525 SE 15TH ST #1	
CITY-ST-ZIP	FT LAUDERDALE FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **FRANK COOPER**

1-2-98 954 764-1218

CR2E037 (10/97)