## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 12, 2007 8:00 am Secretary of State

|  | 741414   |  | eer etar y                            | OI D   | uuc                      |                                |  |  |
|--|--|--|---------------------------------------|--|--------------------------|--------------------------------|--|--|
| DOCUMENT # 706507  1. Entity Name SOUTH EAST ISLANDER APARTMENTS, INC.   |  |  |                                       | 04-12-2007 90032 014 ****61.25   |                          |                                |  |  |
| Principal Place of Business<br>1525 S.E. 15TH ST.<br>FT. LAUDERDALE, FL 33316 US   |  | Mailing Address<br>1525 S.E. 15TH ST.<br>#8<br>FT. LAUDERDALE, FL 33316 US |                                       | 400580   |                          |                                | <b>                                   </b> |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address<br>2319 N. Andreus Avenuc                               |                                       |  |                          |                                |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |                                       | 03262007 <sub>CI</sub>   | ng-NP CR2E               | 037 (12/06)                    |  |  |
| City & State   |  | City & State<br>Fort Lauderdale, FL  |                                       | 4. FEI Number 59-103205  | 9                        | <del></del>                    | plied For<br>t Applicable                  |  |
| Zip  | Country  |  | Country                               | 5. Certificate of St   | atus Desired             | \$8.75 Add<br>Fee Require      | litional                                   |  |
|  | 6. Name and Address of Current F   | Registered Agent   | 1                                     | 7. Name and Address of New Registered Agent                            |                          |                                |  |  |
| MEREDITH, SCOTTEN  |  |  |                                       | Name Anne Rosse  |                          |                                |  |  |
| 1525 SE 15TH ST # 23<br>FT LAUDERDALE, FL 33316  |  |  |                                       | Street Address (P.O. Box Number is Not Acceptable)                     |                          |                                |  |  |
| 1  |  |  |                                       | 1525 SE ISH St #22   |                          |                                |  |  |
|  |  |  |                                       | ft laud FL 33316   |                          |                                |  |  |
| 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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |  |  |                                       |  |                          |                                |  |  |
| Filing Fee is \$61.25  Due by May 1, 2007  9. Election Campaig Trust Fund Contril  |  |  |                                       | \$5.00 May Be<br>Added to Fees   | Make che<br>Florida Depa | ck payable to<br>artment of St |  |  |
| 10.  | OFFICERS AND DIR   | ECTORS 11  | 11.                                   | ADDITIONS/CHANG  | ES TO OFFICERS AND D     | DIRECTORS IN                   | 10   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | V<br>SORRENTINO, DANIEL W JR.<br>1525 S.E. 15TH ST #3<br>FORT LAUDERDALE, FL 33316 | OK S   | IITLE<br>NAME<br>STREET ADDRESS       | Pesalo, Taiste<br>1525 SE 158 St #<br>Fort Lauderdale, 1               | E .                      | Change Change                  | Addition                                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | VP<br>SCOTTEN, MEREDIATH<br>1525 S.E. 15TH ST #23<br>FORT LAUDERDALE, FL 33316     | N<br>S   | IITLE I                               | vP<br>scotten, Mered<br>1525 SE 15th Si<br>Fort Lauderdal              | ith "Bud"<br>+ #23       | <b>☑</b> Change                | Addition                                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | T<br>HALLIGAN, ROBERT<br>1525 SE. 15TH ST. #7<br>FT LAUDERDALE, FL 33316           | N<br>S   | NAME<br>STREET ADDRESS                | VP<br>Ventz, Ron<br>1525 SE 15 <sup>th</sup> St<br>Fort-Lauderdab,     | <b>* 2</b> 5             | ∏ Change                       | Addition                                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | D<br>PICKEL, JOYCE<br>1525 S.E. 15TH ST #1<br>FORT LAUDERDALE, FL 33316            | M<br>S   | TITLE :                               | s/T<br>Rosse, Annie<br>1525 SE 15th st<br>Fortlanderdale,              | <b>#</b> 22              | [] Change                      | Addition                                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | N<br>S   | TITLE AME<br>STREET ADDRESS           | Assistant SIT.<br>Kelley, Sherie<br>1525 BE 1545 St<br>Fort Lauderdau, | ~ # 2 <b>4</b>           | ☐ Change                       | Addition                                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | M<br>S<br>C  | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President<br>Sorrentino,   | Daniel                   | Change                         | Addition                                   |  |

2. I hereby certify that the information supplied with this fitting does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that it am 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 617, 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

4/1/01

9545271062 Daylette Phone #