2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706507

City-St-Zip:

FORT LAUDERDALE, FL 33316

FILED Jan 13, 2009 Secretary of State

Entity Name: SOUTH EAST ISLANDER APARTMENTS, INC.

Current Principal Place of Business: New Principal Place of Business: 1525 S.E. 15TH ST. 1525 S.E. 15TH ST. FT. LAUDERDALE, FL 33316 US FT. LAUDERDALE, FL 33316 US **Current Mailing Address: New Mailing Address:** 1525 S.E. 15TH ST FT. LAUDERDALE, FL 33316 US FEI Number: 59-1032059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSSE, ANN ROSSE, ANNIE 1525 SE 15TH ST # 22 1525 SÉ 15TH ST # 22 US FT LAUDERDALE, FL 33316 US FT LAUDERDALE, FL 33316 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. SIGNATURE: ANNIE ROSSE 01/13/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SORRENTINO, DANIEL W JR. Name: Name: 1525 S.E. 15TH ST #3 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33316 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: ROSSE, ANNIE Name: Address: 1525 S.E. 15TH ST #22 Address: City-St-Zip: FORT LAUDERDALE, FL 33316 US City-St-Zip: Title: Title: () Change () Addition () Delete YENTZ, RON Name: Name: Address: 1525 SE 15TH #25 Address: City-St-Zip: FT LAUDERDALE, FL 33316 US City-St-Zip: Title: AST () Delete Title: () Change () Addition Name: PICKEL, JOYCE Name: Address: 1525 SE 15TH #22 Address: FORT LAUDERDALE, FL 33316 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition WALDBAVER, LINDA Name: Name: 1525 SE 15TH ST #26 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ANNIE ROSSE ST 01/13/2009