

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 142098

Entity Name: SOUTH END IMPROVEMENT GROUP, INC.**Current Principal Place of Business:**8985 SE BRIDGE ROAD
HOBE SOUND, FL 33455**Current Mailing Address:**8985 SE BRIDGE ROAD
HOBE SOUND, FL 33455 US**FEI Number:** 59-0579617**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BULLEN-GAY, JOYCE G
414 SOUTH BEACH ROAD
HOBE SOUND, FL 33455 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name BULLEN-GAY, JOYCE G
Address 414 S BEACH ROAD
City-State-Zip: HOBE SOUND FL 33455

Title D
Name CATHCART, CORLENE H
Address 400 S BEACH ROAD
City-State-Zip: HOBE SOUND FL 33455

Title D
Name ZECKHAUSER, SALLY
Address 407 S BEACH ROAD
City-State-Zip: HOBE SOUND FL 33455

Title D
Name KARCHES, SUSAN
Address 396 S BEACH ROAD
City-State-Zip: HOBE SOUND FL 33455

Title MR.
Name DAVIES, ED
Address 432 SOUTH BEACH ROAD
City-State-Zip: HOBE SOUND FL 34953

Title MRS
Name MARDI, MATHESON
Address 430 SOUTH BEACH ROAD
City-State-Zip: HOBE SOUND FL 33455

Title DIRECTOR
Name MODICA, CHARLES R
Address 454 SOUTH BEACH ROAD
City-State-Zip: HOBE SOUND FL 33455

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES MODICA**DIRECTOR****02/18/2016**

Electronic Signature of Signing Officer/Director Detail

Date