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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 716683

(8)

## SOUTHEAST FLORIDA RENTAL ASSOCIATION, INC.

00011	ILAST TEORIDA TILIN	TIME AGGOT	CIATION, INC	•				
Principal Place of Business Mailing Address						C FOULER THRUS FERIO METER WINDS RUXUN FINI DE DIE MINER MENDE WINDLE REL		
425 SOUTH DIXIE HIGHWAY 425 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146-2202 CORAL GABLES FL 33146-220					2		3. Date Incorporated or Qualified  06/09/1969 4. FE: Number Applied	d For
							<b>59-1662319</b> Not Ap	plicable
Principal Place of Business     1		<b>├</b> ~~	2s. Mailing Address 26				5. Certificate of Status Desired See Require	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May	
City & State			27 Chr. 8 Chata				Trust Fund Contribution Added to Fee	es
23		20	City & State				7. Is this nonprofit corporation a homeowners association?	
Zip Country					Country		8. This corporation owes or has paid the current year Intangil	ble
24	25	29	·	30	<u> </u>		Personal Property Tax due June 30.  Yes No	
	9. Name and Address of	of Current Reg	istered Agent			NI	10. Name and Address of New Registered Agent	
200-50	4447.11				81	Name		
POE,FRANK H 211 RIDGEWOOD RD CORAL GABLES FL 33133						Street Addr	ress (P.O. Box Number is Not Acceptable)	
					83			
					84	City	FI 85 Zip Code	•
11. Pursuant office or r agent. I a	to the provisions of Sections registered agent, or both, in im familiar with, and accept	s 617.0502 and the State of Flo the obligations	617.1508, Florida orida. Such change of, Section 617.05	Statutes, was auth	the above orized by a Statutes	e-named corp the corporat	oration submits this statement for the purpose of changing its rection's board of directors. I hereby accept the appointment as regis	jistered stered
SIGNATURE .								
12.	Signature, typed or printed name of re	egistered agent and page CERS AND DIR		(NOTE: He	13.	nt signature requir	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	70
,	OF FIG	つだいか マスカロ ロッシュ						
TITLE	P		DELE	TE				
TITLE NAME	P WORMAN: DAVID:		Rushing	,	1.1 TITLE 1.2 NAME			Addition
1	P WORMAN: DAVID: 3285 & MILITARYATRA	n 1280	DELE Rushing O NW 7 A	ve.	1.1 TITLE	ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP	WORMAN: DAVID: 3285 S. MILITARYYTRA XLAKE-WORTH: FL	n 1280	Rushing O NW 7 A mi, Fl.	ve. 3316	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	1	☐ Change ☐	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	WORMAN: DAVIDX 3285-S-MILITARYXTRA XLARE-WORTH FL VP	n 1280	DELE Rushing O NW 7 A	ve. 3316	1.1 TITLE 1.2 NAME 1.3 STREET 3 1.4 CITY-S 2.1 TITLE	1	☐ Change ☐	
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	WORMAN: DAVID: 3285-S-MILITARYXTRA XLARE-WORTH-FL VP PARENT, GARY	ML 12800 Mia	Rushing O NW 7 A mi, Fl.	ve. 3316	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	T-ZIP	☐ Change ☐	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WORMAN: DAVID: 3295 S. MILITARIXTRA XLARE-WORTH FL VP PARENT, GARY 11328 OKEECHOBEE	ML 12800 Mia:	Rushing O NW 7 A mi, Fl.	ve. 3316	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	T-ZIP ADDRESS	☐ Change ☐	Addition
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NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	WORMAN: DAVID: 3295 S. MILITARIXTRA XLARE-WORTH FL VP PARENT, GARY 11328 OKEECHOBEE ROYAL PALM BCH FL	12800 Mia: BLVD	Rushing O NW 7 A mi, Fl.	ve. 3316	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	T-ZIP  ADDRESS ST-ZIP	Change Change	Addition Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	WORMAN: DAVIDX 3285-S MILITARYATRA XLARE-WORTH FL  VP PARENT, GARY 11328 OKEECHOBEE ROYAL PALM BCH FL  D DELUGA, STAN 2721 S.W. 69TH COUL MIAMI FL  D POE, FRANK 425 S DIXIE HWY CORAL GABLES, FL 0  D KAPLAN, SANDY	Mia: Mia: BLVD	Rushing O NW 7 A mi, Fl.	Ve. 3316 TE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.2 NAME	T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	Change Ch	Addition  Addition  Addition
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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:

ATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

ATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

time Phone # concor

**FILED** 

Jan 20 1998 8:00am

Secretary of State