FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739662 (5)

1. Corporation Name

SOUTHDALE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1021 SOUTHDALE ROAD FORT MYERS FL 33919	1021 SOUTHDALE ROAD FORT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1977
3a. Date of Last Report: 03/06/1994
4. FEI Number: 59-2261425 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KEKAHBAH, ROXANNE
1021 SOUTHDALE ROAD
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ 3/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	MAELLOUX, BETTIE	1.2 NAME	MAILLOUX	Correction
STREET ADDRESS	896 N TOWN AND RIVER DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	KEKAHBAH, RICHARD	2.2 NAME		
STREET ADDRESS	1021 SOUTHDALE RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	☑ Change ☐ Addition
NAME	ANTOL, CORRAINE	3.2 NAME	William Collins	
STREET ADDRESS	506 SANFORD DR	3.3 STREET ADDRESS	7321 Twin Eagle Lane	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	Ft Myers FL 33912	
TITLE	D	4.1 TITLE	D	☑ Change ☐ Addition
NAME	SERWICH, PAUL	4.2 NAME	Tom Peppers	
STREET ADDRESS	5959 WINKLER RD	4.3 STREET ADDRESS	2249 Violet Drive	
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	Ft Myers FL 33905	
TITLE	ST	5.1 TITLE		☐ Change ☐ Addition
NAME	KEKAHBAH, ROXANNE B.	5.2 NAME		
STREET ADDRESS	1021 SOUTHDALE RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP		
TITLE	VP	6.1 TITLE	VP	☐ Change ☑ Addition
NAME	Paul Serwich	6.2 NAME	Paul Serwich	
STREET ADDRESS	5959 Winkler Rd	6.3 STREET ADDRESS	5959 Winkler Rd	
CITY-ST-ZIP	Ft Myers FL	6.4 CITY-ST-ZIP	Ft Myers FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 3/15/95 (813) 433-5539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #