

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 12 1997 8:00am
Secretary of State

DOCUMENT # 739662 (5)
1. Corporation Name
SOUTHDALE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
1021 SOUTHDALE ROAD 1021 SOUTHDALE ROAD
FORT MYERS FL 33919 FORT MYERS FL 33919-6201

3. Date Incorporated or Qualified 07/14/1977 3a. Date of Last Report 05/15/1996

2. Principal Place of Business 2a. Mailing Address
21 1135 SOUTHDALE RD. 26 5959 WINKLER RD.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 #103 27 #220B
City & State City & State
23 FT. MYERS, FL. 28 FT. MYERS, FL
Zip Country Zip Country
24 33919 25 LEE 29 33919 30 LEE

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEKAHBAH, ROXANNE
1021 SOUTHDALE ROAD
FT. MYERS FL 33919

81 Name SERWICH, CHARLENE M.
82 Street Address (P.O. Box Number is Not Acceptable) 5959 WINKLER RD. #220B
83
84 City FT. MYERS FL 85 Zip Code 33919

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Charlene M. Serwich S/T 4/30/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
P MAILLOUX, BETTIE 896 N TOWN AND RIVER DR FT. MYERS FL
D KEKAHBAH, RICHARD 1021 SOUTHDALE RD FT MYERS FL
D COLLINS, WILLIAM 7321 TWIN EAGLE LANE FT MYERS FL
D PEPPERS, TOM 2249 VIOLET DRIVE FT MYERS FL
ST KEKAHBAH, ROXANNE B. 1021 SOUTHDALE RD FT MYERS FL
VP SERWICH, PAUL 5959 WINKLER RD FT. MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE D 1.2 NAME MAILLOUX, BETTIE 1.3 STREET ADDRESS 896 N. TOWN AND RIVER DR. 1.4 CITY-ST-ZIP FT. MYERS, FL 33919
2.1 TITLE S/T 2.2 NAME SERWICH, CHARLENE M. 2.3 STREET ADDRESS 5959 WINKLER RD. #220B 2.4 CITY-ST-ZIP FT. MYERS, FL 33919
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
4.1 TITLE V/P 4.2 NAME CORDERO, JULIA 4.3 STREET ADDRESS 1122 SOUTHDALE RD. 4.4 CITY-ST-ZIP FT. MYERS, FL 33919
5.1 TITLE D 5.2 NAME KEKAHBAH, ROXANNE B. 5.3 STREET ADDRESS 1021 SOUTHDALE RD 5.4 CITY-ST-ZIP FT. MYERS, FL 33919
6.1 TITLE P 6.2 NAME SERWICH, PAUL L. 6.3 STREET ADDRESS 5959 WINKLER RD #220 B 6.4 CITY-ST-ZIP FT. MYERS, FL 33919

14. I do 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: CHARLENE M. SERWICH 4/30/97 941-488-2031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0055587

CR2E037 (9/96)